Personal Watercraft Insurance Application Form



| Sc | I | _ II. | II | _ | B. I | _ |
|-----|-----|-------|----|-----------------------|------|--------|
| ~ C | n c | חנ | | $\boldsymbol{\Delta}$ | N | \cap |
| - | 110 | ·u | uı | _ | 14 | v. |

Distributor

| Т | Y | Р | F | \bigcap | F | \bigcap | \bigcap | 1 | / | F | R | |
|---|----------|---|---|-----------|---|-----------|-----------|---|---|---|---|--|
| | | | | | | | | | | | | |

INSURED DETAILS

| The Insured(s) (In full) | | | | Date c | t Birth | | / | / |
|---|------------------|--------------------|------------------|----------|---------|---|-----|---|
| Address | | | | Post C | ode | | | |
| Telephone | Home | | Mobile | | | | Fax | |
| Email | | | Occupation | | | | | |
| Car Driver Licence No | | | Expiry Date | / | | / | | |
| Boat Driver Licence No | | | Expiry Date | / | | / | | |
| Interested Parties | | | | | | | | |
| Are you registered for GST? | Yes | No | | | | | | |
| GST Number | | | | | | | | |
| Registered Business Name: | | | | | | | | |
| To what extent are you entitled to claim an Input Tax Credit on your insurance premium? | | | | | | | | |
| Has the insured(s): In the last 5 | years had ar | ny insurance refus | ed or cancelled | d? | Yes | | No | |
| Had any PWC or any theft claim | ns in the last | five years? | | | Yes | | No | |
| Been convicted of any offence | in the last five | e years? | | | Yes | | No | |
| (If you have ticked yes to any of | f these questi | ions, please suppl | y the details ar | nd date) | | | | |
| Details | | | | | Date | | / | / |
| | | | | | | | | |

Please note: you have a duty of disclosure – see overleaf to understand your obligations and our rights if you do not comply with this important duty.

nautilusinsurance.co.nz 1

PERSONAL WATERCRAFT DETAILS (Duty of Disclosure Overleaf)

| Period of insurance from / | / | to | / | / | MARKET | | | |
|---|----------------|---------------|----------|-------------|--------------------------|--|----|--|
| Hull: Model | | | Year | | VALUE TOTA SUM INSURE | _ | | |
| HIN/Rego No Length: mtr | Cons | t. Material | | | Full replacem | nent in first 24 months egistration | of | |
| Motor: Make | | Year | HP | | PWC PREMIL | JM | | |
| Serial No | | | | | EXCESS | | | |
| Trailer: Make | | | Year | | | | | |
| Reg | | | | | | | | |
| Is the PWC parked on the street w | hen not in use | ? Yes | | No [| Boating Experi | ence (Yrs) | | |
| Has your PWC been modified from | n the manufac | turers origir | nal spec | ifications? | Yes | No | | |
| If yes | | | | | | | | |
| (Please note we will only allow modifications to your PWC where they have been fitted by a recognised PWC Dealership) | | | | | | | | |
| Do you require Race Cover? Yes No | | | | | | | | |
| Has a Microdot Identification system been applied to your PWC? Yes No | | | | | | | | |
| | | | | | | | | |

OPTIONAL BENEFITS

LAY UP: Lay up address if different from the Insured(s) address

Post Code

Tick the months the PWC will be in lay up: Number of months lay up required:

| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | | | | | | |

GENERAL

Description & Location of Storage Post Code

Date PWC Purchased / / Price \$

Please note: you have a duty of disclosure – see overleaf to understand your obligations and our rights if you do not comply with this important duty.

nautilusinsurance.co.nz 2

YOUR DUTY OF DISCLOSURE

We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you.

To comply with your duty of disclosure when first entering into an insurance contract with us, you must tell us everything you know and that a reasonable person in the

circumstances could be expected to tell us, in answer to the questions we ask you. This applies to every insured under the policy.

If you fail in your duty of disclosure we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make a false statement we may avoid your contract and treat your insurance as if it never existed.

You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.

PRIVACY ACT REQUIREMENTS

The Privacy Act 1993 require us to tell you that we collect, handle, store and disclose your personal and sensitive information in order for us to provide you with and inform you about insurance and insurance related services. To do this we may communicate your personal information to our service providers. This will always be done as permitted by the relevant privacy legislation.

Nautilus Marine Underwriting Agency Ltd and your Nautilus Marine dealer have been authorised by Nautilus as its general insurance distributors to deal in this product. They are not authorised to provide any advice on this insurance and don't do so.

I/We acknowledge that as the Insured(s), I/We:

| 1 | A.A | | C 111 1 | | | 41.1.1.1. |
|---|---|---------------|--------------|-------------|----------------------|------------------------|
| | Must act with the | utmost dood | taith in res | nect ot anv | / matter relating to | o this insurance |
| | 111000000000000000000000000000000000000 | attriout good | | p = = = = : | a cco o . a c g c | 0 11110 1110 011 01100 |

- 2. Have a duty of disclosure as stated in this application form
- 3. Have provided the correct information on previous losses and insurance history
- 4. Confirmthat all answersandstatements in this application are correct and that no information has been withheld which may affect your decision to accept this application or the terms of the proposed policy
- 5. Have received a combined Product Disclosure Statement and Financial Services Guide that relates to the product the subject of this application form. Yes No

| Signature of the Insured(s) | Date | / | / |
|---|-----------------|----------|------------------------------|
| If any insured(s) has not been signed above then the above insured signs on i | ts own behalf a | nd on be | half of all other insured(s) |

| This declaration co | | elient has a | answered all the Duty of Disclosure questions and has signed and paid for insurance | | | | |
|---------------------|--|--------------|---|--|--|--|--|
| Cover is bound on | Cover is bound on behalf of the insurers from this date under the Distribution Agreement executed by us. | | | | | | |
| Dealer Sales Repre | sentative Na | ame | Signature | | | | |
| Date / | / | | | | | | |

