

Boat Insurance Application Form



Agent

Quote No.

TYPE OF COVER

Comprehensive Market Value Agreed value (subject to a valuation from an authorised boat dealer or boat broker, not available for personal)

Third Party Only (conditions apply)

Use of Boat Private Hire/Charter Other (details):

INSURED DETAILS

Mr Miss Mrs The Insured(s) (in full)

Address

Post Code

Telephone (Home)

(Business)

Mobile

Email

Date of Birth / /

Occupation

Car Driver Licence No

Expiry Date / /

Boat Driver Licence No

Expiry Date / /

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): Ever had any insurance refused or cancelled? Yes No

Had any boat or any theft claims in the last five years? Yes No

Been convicted of any offence in the last five years? Yes No

(If you have ticked yes to any of these questions, please supply the details and date.)

Boating Course? Yes No

Details

Boating Experience (yrs)

RISK DETAILS (DUTY OF DISCLOSURE OVERLEAF)

Period of Insurance from

to

Boat Name

Boat Cover

Market Value Total Sum Insured

Hull: Type

Make

Model

Year Built

Length: mtr /ft

Reg /Sail No

Const. Material

Max Speed

kts

HIN No.

Motor/s: Make

No. of

Serial No 1

Year

Motor/s Power

HP

Serial No 2

Year

Motor/s Power

HP

Type of motor:

Inboard

Outboard

Stern drive

Jet

Inboard runabout:

Rear mount

Mid mount

Fuel:

Petrol

Diesel

Gas

Trailer: Make

Year

Registration No

Length

Sailboats Only – Mast, Spars & Rigging:

Running backstays

Yes

No

Sweptback Spreaders 3 or more

Yes

No

Rod Rigged

Yes

No

Inline Spreaders (2 or more)

Yes

No

Carbon Mast

Yes

No

Age of rig?

Legal Liability

Select liability required:

\$1,000,000

\$2,000,000

other

Do you require water skiing legal liability cover?

Yes

No

Agreed Value (Separate values required for each component of the boat. A valuation from an authorised boat dealer or boat broker must be attached.)

Hull

Motor (including fuel tanks)

Trailer

Mast, Spars & Rigging

Sails

Equipment & Accessories

Boat Tender

Agreed Value Total Sum Insured

Personal Accident
(automatic cover if applicable)

\$50,000.00

Personal Effects
(automatic cover if applicable)

\$10,000.00

Total Premium

Excess

Maximum race length: nautical miles Named Sailboat Races greater than 300 nautical miles:

Lay up (for trailerable craft only)

Layup address if different from the Insured(s) address:

[illegible]

GENERAL

Type of fire extinguisher:	Automatic	Manual	None	Transit Risk:	Yes	No
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Is the boat moored / penned?	Yes	No	Type of Mooring?
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Location of Mooring/Storage Post Code

Date Boat Purchased / / Price: Date last Surveyed / /

DECLARATION

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.

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

1. **Must act** with the **utmost good faith** in respect of any matter relating to this insurance
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. **Confirm** that all **answers and statements** in this application **are correct** and that **no information** has been **withheld** which may affect our 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 / /

