



PERSONAL WATERCRAFT INSURANCE APPLICATION FORM

SCHEDULE NO.

DISTRIBUTOR _____

TYPE OF COVER

PWC COMPREHENSIVE COVER Liability only (conditions apply)

INSURED DETAILS

The Insured(s) (in full): _____ Date of Birth: ____/____/____

Address: _____ Post Code: _____

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 any insurance refused or cancelled? Yes No

Had any PWC 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)

Details: _____ Date: ____/____/____

PERSONAL WATERCRAFT DETAILS (Duty of Disclosure overleaf)

PERIOD OF INSURANCE FROM: _____ to _____

HULL: Model: _____ Year: _____

HIN/Rego No: _____ Const. Material: _____ Length: mtr ____/ft

MOTOR: Make: _____ Year: _____ HP: _____

Serial No: _____

TRAILER: Make: _____ Year: _____ Reg: _____

Is the PWC parked on the street when not in use? Yes No

Boating Experience (Yrs): _____

Has your PWC been modified from the manufacturers original specifications 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

MARKET VALUE TOTAL SUM INSURED	
FULL REPLACEMENT IN FIRST 24 MONTHS OF DATE OF FIRST REGISTRATION	
PWC PREMIUM	
EXCESS	

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: \$ _____

PAYMENT OPTIONS

Cheque/Money Order MasterCard Visa Card No:

Amount: \$ _____ Expiry Date: ____/____/____ I authorise the debit of my credit card Pay by the month

Name on card: _____ Signature: _____

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. **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 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 its own behalf and on behalf of all other insured(s).

This declaration confirms the client has answered all the Duty of Disclosure questions and has signed and paid for insurance cover effective, Date: ____/____/____
Cover is bound on behalf of the insurers from this date under the Distribution Agreement executed by us.

Dealer Sales Representative Name: _____ Signature: _____ Date: ____/____/____

Nautilus Marine Underwriting Agency Ltd

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