



## The Proposer

Insured \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Bus. \_\_\_\_\_ Pvte. \_\_\_\_\_ Contact person \_\_\_\_\_  
 (if other than proposer &/or when proposer at sea)

**Other interested parties, if any, and nature of interest** e.g. legal owner, mortgagee, debenture holder, etc.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Nature of interest \_\_\_\_\_ Amount of loan \$ \_\_\_\_\_ Final repayment due / /

## The Vessel

Vessel's name _____	<b>Main Engine</b>
Previous name(s) _____	Year, make and model _____
Bought from _____	Serial number _____
Date purchased _____	Horsepower and fuel _____
Purchase price \$ _____	<b>Auxiliary Engine</b>
Type of vessel _____	Year, make and model _____
Builder _____	Serial number _____
Design _____	Horsepower and fuel _____
Hull construction _____	<b>Outboard Motor</b>
Year built _____	Year, make and model _____
Length _____ Tonnage _____	Serial number _____
Draught _____ Range _____	Horsepower and fuel _____
Beam _____ Maximum designed speed _____	

Has the vessel been altered since it was built? **yes ~ no** (Please circle) \_\_\_\_\_  
 If yes, please give details \_\_\_\_\_

Have any of the above been rebuilt? **yes ~ no** \_\_\_\_\_  
 If yes, please give date and details \_\_\_\_\_

## Proposed Sums Insured

~ Current market values exclusive of GST

Hull, fixtures & fittings \$ _____	
Machinery & plant \$ _____	
Mast, spars, sails & rigging \$ _____	
Dinghy \$ _____	
Trailer \$ _____	- Registration Number _____
Vessel's equipment \$ _____	- is equipment which would be sold with the vessel.
Ancillary gear & equipment \$ _____	- Ancillary gear, equipment & consumables (not sold with the vessel).
<b>Total \$ _____</b>	

## Discharge System

What through skin fittings does the vessel have? give number and type \_\_\_\_\_

Are gate valves/seacocks fitted? **yes ~ no** Are they closed when vessel unattended? **yes ~ no**

Do you use a hose line over the side of your vessel? **yes ~ no** **NOTE Losses caused by insecure hoses are excluded**

## Details of Voyage to be insured

From \_\_\_\_\_ date of departure \_\_\_\_\_

To \_\_\_\_\_ estimated date of arrival \_\_\_\_\_

Voyage itinerary: list all ports of call, duration of call and reason for call \_\_\_\_\_

Is the vessel to be delivered under its own power? **yes ~ no** *If not, provide details* \_\_\_\_\_

## Fuel Capacity

Will existing fuel capacity be adequate for the voyage? **yes ~ no** *If not, what arrangements are being made for the provision of additional fuel?* \_\_\_\_\_

## Vessel's previous use, owners and name

List full details of the vessel's use and owners over the past three years and any previous names \_\_\_\_\_

## Lay up History

Has the vessel been laid up during the past 12 months? **yes ~ no** *If so, provide full details of maintenance provided to both machinery and hull over the laid up period* \_\_\_\_\_

## Use at destination

Is the vessel being delivered for breaking up or for purposes other than the vessel's normal designed use? **yes ~ no** *If so, provide details* \_\_\_\_\_

## Classification

Is the vessel currently in class? **yes ~ no** *If so, which classification society?* \_\_\_\_\_

## Survey

Is the vessel subject to survey? *yes ~ no* Nature of survey certificate \_\_\_\_\_

Month/year last surveyed \_\_\_\_\_ Surveyor \_\_\_\_\_

## Navigation, safety and communication

Does safety equipment, navigation equipment and radio equipment meet criteria of both the ports of exit and entry for the voyage? **yes ~ no**

With the existing radio equipment will it be possible to establish radio communication with either the port of exit and/or entry at all times during the voyage? **yes ~ no**

## Master and Crew

*Each master must complete a separate Master's Questionnaire*

Regular master's name \_\_\_\_\_ Phone \_\_\_\_\_

Regular crew name	Age	Years at sea	Experience	Qualifications

Is a qualified engineer on board? **yes ~ no** *If yes, provide name and details of qualifications* \_\_\_\_\_

## Previous Accidents/Losses

Have you or any person who has an interest in the vessel

- i) made a claim on any insurance company for this or any other vessel? **yes ~ no**

If yes, what happened? ~ include date, cause and cost \_\_\_\_\_

- ii) had any other losses or accidents with this or any other vessel? **yes ~ no**

If yes, what happened? ~ include date, cause and cost \_\_\_\_\_

- iii) been charged with breaching any local or national regulations in respect of the operation of a vessel? **yes ~ no**

If yes, give full details \_\_\_\_\_

- iv) been fined or charged with any breach of regulation under the Health and Safety in Employment Act? **yes ~ no**

If yes, give full details \_\_\_\_\_

## Previous Insurance

Current insurer's name \_\_\_\_\_ Policy expiry date / /

Has any insurer ever cancelled or declined to insure or renew, or imposed additional terms or restricted cover on any policy held by you, or on any vessel that you have or held an interest in, or had or held a management or similar position in? **yes ~ no**

If yes, please give details \_\_\_\_\_

## General Information

Have you, or any person with an insurable interest ever

- i) committed any crime? **yes ~ no**

- ii) been declared bankrupt, insolvent or ever entered into an arrangement with creditors? **yes ~ no**

- iii) had a vessel repossessed? **yes ~ no**

If yes, to any of the above, please give details

Question no.	Details

## Extensions of Cover

### Third Party Liability Insurance

Do you require Third Party Liability insurance? **yes ~ no** If yes, amount required \$ \_\_\_\_\_

### Loss of Earnings

Do you require Loss of Earnings insurance? **yes ~ no**

Vessel's gross income last year \$ \_\_\_\_\_ Vessel's operating expenses last year \$ \_\_\_\_\_

Vessel's monthly operating expenses High period \$ \_\_\_\_\_ Low period \$ \_\_\_\_\_

What daily earning cover is required \$ \_\_\_\_\_ What period of indemnity is required? **3 mths ~ 6 mths ~ other** \_\_\_\_\_

What monthly standing charges are incurred, regardless of whether vessel is operating or not \$ \_\_\_\_\_

Are there any special contractual earning arrangements? **yes ~ no** If yes, what are they? \_\_\_\_\_

### War & Strikes

Do you require War & Strikes Insurance? **yes ~ no**

## **Privacy Act**

### **Pursuant to the Privacy Act 1993 the following is brought to your attention**

- This proposal collects personal information about you;
- The information is collected to evaluate the insurance that you seek;
- The intended recipient of the information is Vero Marine Insurance;
- The information is collected and held by Vero Marine Insurance, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory;
- The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.
- I/We authorise Vero Marine Insurance to obtain from other insurers or any insurance broker or any other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

## **Declaration**

I/We declare that the answers given above and overleaf are true and correct and I/we have not withheld any information or details of previous claims or any other material fact likely to affect acceptance of this proposal.

I/We undertake to exercise all ordinary and reasonable precautions for the safety of the vessel and I/we warrant that the vessel is well found and in every respect seaworthy.

I/We agree that this proposal, Master's Questionnaire(s), and declaration shall be the basis of the contract between Vero Marine Insurance and myself/ourselves; and I/we further agree to accept Vero Marine Insurance's policy subject to the terms, exceptions, conditions and excesses contained therein.

Proposer's signature \_\_\_\_\_ Date     /     /

**This insurance will not be in force until this proposal has been accepted by Vero Marine Insurance.**