

# Fisherman Proposal



Period of insurance From       To       at 4.00pm New Zealand time

## The Proposer

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Bus. \_\_\_\_\_ Pvte. \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Website (company) \_\_\_\_\_ (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 NZD \_\_\_\_\_ Final repayment due / /

## Sections A - Hull Insurance

### The Vessel

Vessel's name \_\_\_\_\_ Type of fishing vessel e.g. trawler \_\_\_\_\_  
 Date purchased \_\_\_\_\_ Builder \_\_\_\_\_  
 Purchase price NZD \_\_\_\_\_ Year built \_\_\_\_\_  
 Hull construction \_\_\_\_\_ Has the vessel been altered since it was built? **yes ~ no** (Please circle)  
 Length \_\_\_\_\_ Tonnage \_\_\_\_\_ If yes, please give details \_\_\_\_\_  
 Draught \_\_\_\_\_ Range \_\_\_\_\_  
 Beam \_\_\_\_\_ Maximum design speed \_\_\_\_\_

### Proposed Sums Insured

Current market values exclusive of GST

<b><u>Main Engine</u></b>	NZD _____ (value)	
Year, make and model	_____	<b>Compulsory to complete</b>
Year of last rebuild	_____	
Horsepower and fuel	_____	
<b><u>Auxiliary Engine</u></b>	NZD _____ (value)	Hull, fixtures & fittings NZD _____
Year, make and model	_____	Machinery NZD _____
Horsepower and fuel	_____	Fishing Gear NZD _____
<b><u>Outboard Motor</u></b>	NZD _____ (value)	Equipment NZD _____
Year, make and model	_____	Dinghy NZD _____
Horsepower and fuel	_____	<b>Total NZD _____</b>

Note: War & Strikes cover is automatically provided under this policy wording

## Section B

### Third Party Liability

Standard Limit NZD 5,000,000

Do you require an increased limit of Third Party Liability? **yes ~ no**

If yes, amount required NZD \_\_\_\_\_

## Section C

### Statutory Liability Insurance

Limit NZD 250,000

## Section D

### Employers Liability Insurance

Limit NZD 250,000

### Safe Ship Management / Safe Operating Plan

Is the vessel entered into a Safe Ship Management Programme or does it have a Safe Operating Plan registered? **yes ~ no**

If yes, what is its MSA number? \_\_\_\_\_

#### Notes:

1. It is a Material Fact that the vessel must comply with SSM/SOP regulations. At the time of a claim the current SSM/SOP certificate will be required to be sighted.
2. An independent vessel condition survey report and/or valuation may be required

### 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**

### Mooring

Type of mooring/berth **marina ~ pile ~ swing ~ wharf** Location \_\_\_\_\_

Do you use any other moorings? **yes ~ no**

Location \_\_\_\_\_ How often? \_\_\_\_\_

If the vessel is trailered, where is it kept when not in use? \_\_\_\_\_

What theft preventative measures are applied when unattended? \_\_\_\_\_

### Operation

Vessel's operating area \_\_\_\_\_

**Note:** The policy is subject to the implied warranty of legality. In order for the vessel to operate legally, it must **at all times** operate within the area permitted under its Safe Ship Management (SSM) Certificate or Safe Operating Plan (SOP), unless a written exemption exists

Does the vessel operate as a fishing vessel all year round? **yes ~ no** If no, fishing period from \_\_\_\_\_ to \_\_\_\_\_

Usual period at sea \_\_\_\_\_ other period from \_\_\_\_\_ to \_\_\_\_\_

Maximum period at sea \_\_\_\_\_ Method of fishing \_\_\_\_\_

Type of fish caught and % of catch \_\_\_\_\_

Do you hold a quota or contract to a quota holder for the fish you catch? **yes ~ no**

Vessel's gross income last year NZD \_\_\_\_\_ Operating expenses last year NZD \_\_\_\_\_

## Extensions of Cover

### Section E

#### Trailer Insurance

Do you require cover for the vessel's trailer? **yes ~ no**

If yes, details of trailer NZD \_\_\_\_\_

Reg. Number \_\_\_\_\_

### Section F

#### Loss of Catch

Do you require insurance for the loss of catch? **yes ~ no**

If yes, amount required NZD \_\_\_\_\_

**Note:** This extension provides indemnity for the loss of catch on board your vessel if the loss is a result of a specified insured peril.

### Section G

#### Mortgage Repayment Insurance

The Indemnity Period is up to 3 months  
(Maximum monthly repayment NZD25,000)

Do you require Mortgage Repayment Insurance for your vessel? **yes ~ no**

If yes, monthly repayment amount required NZD \_\_\_\_\_

**Note:** This amount should represent the monthly instalments of interest and/or principal payable by you to any professional financial institution or trust on any mortgage registered against the insured vessel.

## Maintenance

Frequency vessel is

- Slipped \_\_\_\_\_ Date last slipped / /
- Inspected/serviced \_\_\_\_\_ Date last inspected/serviced / /

## Master and Crew

**Please Note:** Each master **must** complete a separate Master's Questionnaire

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* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Repair Facilities

Where are the nearest repair facilities for a vessel of this type? \_\_\_\_\_  
\_\_\_\_\_

Where are the nearest slipway facilities for a vessel of this type? \_\_\_\_\_  
\_\_\_\_\_

## Health & Safety in Employment Act

In order to comply with the Health & Safety in Employment Act have you procedures or systems to:

- i) Identify existing and new hazards to employees? **yes ~ no**
- ii) Take all practical steps to eliminate, isolate or minimise significant hazards? **yes ~ no**
- iii) Train employees on work hazards and the safe use of all equipment that they may be required to handle? **yes ~ no**

*If no to any of the above, please advise reasons in full below:*

Question no.	Details

## Resource Management Act

Have you applied for, or have a need to apply for, a Resource Consent Certificate under the Act? **yes ~ no**

*If yes, give full details*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 within the last 5 years? **yes ~ no**

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

- ii) had any other losses or accidents with this or any other vessel within the last 5 years? **yes ~ no**

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

## 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 had 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) Had any criminal convictions? **yes ~ no**
- ii) Been declared bankrupt, insolvent or ever entered into an arrangement with creditors? **yes ~ no**
- iii) Had a vessel repossessed? **yes ~ no**
- iv) Been charged with breaching any local or national regulations in respect of the operation of a vessel? **yes ~ no**
- v) Been fined or charged with any breach of regulation under the Health and Safety in Employment Act? **yes ~ no**
- vi) Been fined or charged with any breach of the Fisheries Act? **yes ~ no**

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

Question no.	Details

## 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.
- You authorize 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 you or any claim made by you.
- 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, any Additional Vessels form(s), 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 its terms, exceptions, conditions and deductibles.

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

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