

## WATERCRAFT PROPOSAL FORM

Please note that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

### General Information

The proposer (full name):  Age:

ID No:  Occupation:

Postal Address:  Post code:

Physical Address:  Post code:

Home Tel:  Work Tel:  Mobile Tel:

Fax:  E-mail:

Are you the sole owner of the vessel?  Y  N If no, give full details:

### Additional Information

Purchase date of Vessel:  Vessel Purchased from (private/dealer):

Purchase price:  Is this a 12 month Policy?  Y  N If Yes, Inception Date:

Is the vessel financed?  Y  N Institution:  Will the vessel be used for Surf Launching?  Y  N

Is the vessel used for Private and Pleasure purposes only?  Y  N If No, state purpose:

Territorial Limits:

Will the vessel be used for racing?  Y  N No of years as owner of this type of vessel:  No of years as crew on a craft of this type:

What is the maximum design speed with present engines?  Will the vessel only be used in inland waters?  Y  N

State your qualifications:  SAMSA Skippers Ticket  Yacht Masters Certificate  SA Sailing Certificate  
 Other (Please indicate)

Are you a member of a boat/yacht club?  Y  N If yes, give details:

### Declarations

Claims History (WATERCRAFT ONLY) - What accidents, losses or insurance claims have you had during the past five years? Failure to fully disclose information may lead to repudiation of any claims submitted by you or your family under this policy.

If you answer "Yes" to any of the following four questions, please submit full details on a separate page or on notes tab on the following page.

Have you previously insured your vessel?  Y  N If yes, please state institution:

Have you had any insurance declined, cancelled or renewed under restricted terms by insurer?  Y  N

Have you, or any person using your craft ever been convicted of any offence involving dishonesty of any kind? (i.e. fraud, theft, smuggling, robbery, arson, etc. )  Y  N

Have you or any person operating the vessel ever suffered from Diabetes, epilepsy, heart condition, or any other mental or physical disability, infirmity or disease, or had any condition controlled by drugs?  Y  N

Risk Address of Vessel: (Please advise Insurer should this change)

What security measures are in place to protect your vessel?

If afloat on moorings, please state the name and location of the Marina:

Are the moorings professionally laid, maintained and secured?  Y  N

# SCHEDULE OF INSURANCE

**NOTE:** All sums insured for the vessel less than 4 years old must represent the new replacement value. Vessels over 4 years old must be insured at its market value.

Add totals for Sections A, B, C, D and E to calculate the total at the bottom

A. Vessel details				
New Replacement 1 - 4 years / Market Value 4 years+				
Type or make:	<input style="width: 200px;" type="text"/>	Length:	<input style="width: 50px;" type="text"/>	Year Built:
			<input style="width: 50px;" type="text"/>	Serial #:
				<input style="width: 100px;" type="text"/>
Hull Material:	<input style="width: 150px;" type="text"/>	Manufacturer:	<input style="width: 200px;" type="text"/>	
				Sum Insured: R _____

B: Engine/Motor details				
New Replacement 1 - 4 years / Market Value 4 years+				
	Manufacturer	HP	Year of make	Serial No
Outboard 1	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>
				Sum Insured: R _____
Outboard 2	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>
				Sum Insured: R _____
Inboard 1	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>
				Sum Insured: R _____
Inboard 2	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>
				Sum Insured: R _____
Sneaker	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>
				Sum Insured: R _____
Propeller	Make: <input style="width: 80px;" type="text"/>	Pitch/Material: <input style="width: 100px;" type="text"/>	Fuels: <input style="width: 80px;" type="text"/>	Sum Insured: R _____

C: Trailer				
Please keep annual service records for your trailer				
Manufacturer:	<input style="width: 100px;" type="text"/>	Year:	<input style="width: 40px;" type="text"/>	Reg/Chassis No: <input style="width: 150px;" type="text"/>
				Sum Insured: R _____

D: Specified Equipment (Not Fixed to the Vessel)				
Itemise individually & insure at new replacement value				
	Description - Make Model (Full details required)	Age		
1	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
2	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
3	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
4	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
5	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
6	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
7	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
8	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
9	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____
10	<input style="width: 500px;" type="text"/>	<input style="width: 50px;" type="text"/>	Sum Insured:	R _____

E: Specified Electronic Equipment				
Itemise individually & insure at new replacement value				
	Description	Serial No	Age	
1	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____
2	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____
3	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____
4	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____
5	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____
6	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____
7	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____
8	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	Sum Insured: R _____

TOTAL VALUE TO BE INSURED (Section A+B+C+D+E)	R <input style="width: 90px;" type="text"/>
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### Liability Cover

STANDARD LIABILITY LIMITS (Automatically Included) - R2.5 Million Third Party, R2.5 Million Passenger, R2.5 Million Water Skiers

Liability limits can be extended at additional premium (Tick Box if required)  R10 Million  R2.5 Million Crew Liability (Charter Use Only)

Credit Shortfall – Extension required?  Y  N (If your vessel is financed)

### Notes

**IF A VALUED ITEMISED INVENTORY OF SPECIFIED EQUIPMENT IS NOT ATTACHED, AVERAGE MAY BE APPLIED IN THE EVENT OF A CLAIM. SHOULD ADDITIONAL EQUIPMENT / ACCESSORIES NOT BE NOTED ON THIS PROPOSAL, NO COVER WILL BE IN PLACE FOR THOSE ASSETS.**

Please ensure the following is forwarded to us:

Fully completed and signed proposal forms

Vessel Certificate of Fitness

Copy of purchase invoice

Skippers Certificate of Competency

Colour photograph of vessel

An out-of-water survey report may be requested for vessels older than 10 years.

SASRIA (separate riot and strike cover) by the South African Special Risks Insurance Association (SASRIA) Reg. No. 79/99287/08 is included in this Policy.

A Debit Order will be processed from your account in advance on the 1st working day of every month. The reference on your bank statement will reflect EPIC who is the Financial Provider with authority to collect the premium.

Name of Bank:

Account No:

Type of Account:

Branch:

Branch Code:

Name of Account Holder:

**RECORD OF ADVICE:** I hereby declare that, relevant cover details under this short term insurance product, which include premium and relevant fee's due have been explained to my satisfaction. I acknowledge as to what to insure and the value / limits to be insured are my sole responsibility and that No valuation services are provided.

I further declare that I am satisfied that this short term insurance product meets my requirements.

### DECLARATION OF THE PROPOSER:

I hereby declare that the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I undertake to exercise all ordinary and reasonable precautions for the safety of the property i.e. moveable items to be locked away when not in use when the boat is stored. I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my agent for the purpose, and I agree that this declaration and the answers given above shall be the basis of the contract between me and the Company, and I further agree to accept a Policy subject to the usual conditions prescribed by the Company and endorsed on their Policy, and to pay the premium thereunder when called upon to do so.

It is my sole responsibility to ensure that the funds are available for premium collection, if the account reflects insufficient funds, stopped payment or account closed the policy will automatically be cancelled unless prior arrangements have been made and accepted. Signing this form does not bind the Insurer to effect this insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.

By my signature hereto I agree to have my bank account debited as per banking details completed above on the first day of each month for the full amount due in respect of this policy as per the policy schedule (ONLY APPLICABLE IF MONTHLY POLICY).

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

*The Company reserves the right to decline this Insurance*