

Marine: Pleasure / Commercial Craft Proposal Form

Insured details

Company name:

Trading as:

Type of business: Registration:

VAT number:

Full business description:
(including company operations and activities)

Have you previously traded under a different name? Yes: No:

If yes, specify name:

Contact details

Telephone: Cellphone:

Email: Website:

Physical address

Street name and number: City / town:

Province: Area code:

Postal address

P.O. Box number: City / town:

Province: Area code:

Additional information

Brokerage: Broker name:

Insurer information

Previous / current: Policy number:

Has an insurer at any time, in respect of the company, it's Directors / Partners / Principle:

Declined your insurances? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

Voided your policy? Yes: No:

If yes, why and who?

Quote to be placed on cover, details to be completed by Client

Quote number: Inception date:

Quote number: Inception date:

Quote number: Inception date:

Initial

Details of loss / damage in the past 3 years

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Please provide current photographs of your vessel/s.

Vessel information

Is the vessel professionally built?

Vessel 1:

Yes: No:

Vessel 2:

Yes: No:

Type:

Name:

Material:

Registration number:

Year of manufacture:

Serial / HIN number:

Make and model:

Length:

Beam:

Colour:

Initial

Engine information

Number of engines:

Make:

Type:

Horse power:

Year of manufacture:

Serial number:

Maximum speed:

Vessel 1:

Inboard:

Outboard:

Vessel 2:

Inboard:

Outboard:

Trailer information

Do you require trailer insurance:

Trailer 1:

Yes: No:

Make and model:

Serial / chassis number:

Registration number:

Year manufactured:

Trailer 2:

Yes: No:

Value to be insured

Hull:

Engines:

Masts, spars and rigging:

Sails:

Trailer:

Accessories:

Total sum insured:

Accessories

Item:

Description:

Make and model:

Sum insured:

Item:

Description:

Make and model:

Sum insured:

Item:

Description:

Make and model:

Sum insured:

Vessel 1:

Vessel 2:

GPS and/or radio serial numbers must be supplied for both vessels.

Vessel information

Ashore when not in use?

Afloat on moorings?

If in marina, state name:

If not, state location and details:

Vessel 1:

Yes: No:

Yes: No:

Vessel 2:

Yes: No:

Yes: No:

If ashore when not in use, is vessel:

Housed / garaged?

Vessel 1:

Yes: No:

Vessel 2:

Yes: No:

Initial

Vessel 1:**Vessel 2:**

Give details:

How long have you been handling:

Vessel 1:**Vessel 2:**

This vessel:

Any other vessel:

Do you permit others to use the vessel?

Yes: No: Yes: No:

If yes, state their name and experience:

Used for private and pleasure only?

Yes: No: Yes: No:

If no, state the use in detail:

Is the vessel used for racing?

Yes: No: Yes: No:

Water skiing included?

Yes: No: Yes: No:

In what waters will the vessel be used:

Inland: Inland & coastal: Inland: Inland & coastal: Outside RSA: Outside RSA:

If outside of RSA, state where:

Will the vessel be used in river mouths?

Yes: No: Yes: No:

Will vessel be used through the surf?

Yes: No: Yes: No:

Please state the date of the last overhaul and what was done to the vessel and / or engines?

Any accidents / losses with any vessel you have sailed or owned? Yes: No: Yes: No:

If yes, give details:

Is the vessel subject to credit or similar agreement? Yes: No: Yes: No: **Security****Vessel 1:****Vessel 2:**

Details of Outboard Motor Lock or other method of security:

State how trailer is immobilised when unattended:

What security arrangements are made when the vessel is not being used?

SAMSA regulations

Certificate of competence:

Yes: No:

Certificate of fitness:

Yes: No: **Legal liability**

Third party and legal liability to passengers and/or waterskiers.

You are automatically covered against claims up to R500 000 (but if the maximum designed speed of your vessel/motor is more than 50 knots, cover is up to R100 000) for accidental injury or damage caused by yourself or anyone using the vessel with your permission or by any waterskier being towed.

For a nominal amount you may increase your limit.

If required, please tick box below

Limit increased from			
R500 000 to R1 000 000	<input type="checkbox"/>	R500 000 to R1 500 000	<input type="checkbox"/>
R500 000 to R2 000 000	<input type="checkbox"/>	R500 000 to R2 500 000	<input type="checkbox"/>

Initial

Optional extensions

To be extended to cover the following:

Transit risks (not towing):

Yes: No:

Sasria perils (political riot):

Yes: No:

Sailing craft racing risks:

Yes: No:

Sharing information

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on the behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me. I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claims I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases. I warrant that the answers given are true, and I do not know of any material facts, even though specific questions about them have not been asked, that should be communicated to Insurance Underwriting Managers (IUM) Reg. No. 2004/022210/07. I have never been refused insurance for the risks I now wish to insure nor have I had any policy in which I have or had an interest, cancelled or restricted. I agree that this proposal shall be the basis of the contract between the insurer and myself. I understand that IUM may disclose my claims information to other parties. I understand that this insurance will not start until this proposal has been accepted by the insurers. We remind you not to sign any blank or partially completed forms. The signing of blank or partially completed forms by a policyholder, whereby someone else fills in the details at a later stage, is an offence in terms of policyholder protection legislation. Remember, no liability will be attached to the insurer until this proposal has been accepted by IUM.

Declaration

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

Full name

Capacity

Date

Signature

Insurance Declaration

Currently insured? Yes: No:

If yes, name of Insurer? Policy number:

Has an Insurer at any time:

Declined your insurance? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

If yes, name of Insurer? Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

Full name	Capacity	Date	Signature
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Debit Order Authority

Account holder full name:

Name of bank: Account type:

Branch code: Name of branch:

Account number: Payment date: 1st: 7th: 15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

- That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
- To pay any bank charges relating to this debit order instruction.
- Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
- This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
- To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
- The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name	Capacity	Date	Signature
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