



132 Halsey Street, Viaduct Harbour, Auckland
 PO Box 90-140, Auckland Mail Centre
t: (09) 360 1010 **f:** (09) 360 1017
e: info@mariner.co.nz
w: www.mariner.co.nz



cover request

Underwritten by Vero Insurance (New Zealand) Limited

MARINER USE

COVER IS ACCEPTED / DECLINED

SIGNED:

DATE:

Broker/Agent

Date: ____ / ____ / ____

Fax: _____ **Phone:** _____

Client Name

Cover is requested as below in accordance with Underwriters Standard Policy Terms and Conditions, unless otherwise stated – subject to acceptance of completed proposal.

IMPORTANT NOTICE:

Cover will automatically cease 30 days after the commencement date shown below unless the premium stated or terms agreed and a completed proposal (and Survey less than 3 months old for all moored vessels 20 years old or over, or as requested) have been received at this office.

Commencement of Cover

Date: ____ / ____ / ____ to: ____ / ____ / ____ at 4 pm.

Year Built: _____ Boat Design/Type: _____

Machinery/Outboards: _____ Mooring Location: _____

_____ Mooring Type: _____

_____ Trailer Registration: _____

Type of Use: _____ Interested Parties: _____

Total Sum Insured: NZ\$ _____ Yacht Racing? Yes No NA

MARINER USE

Valuation Required?

Yes

No

Co. Premium:

\$ _____

or Rate:

_____ %

Policy Excess:

NZ\$ _____

Yacht Racing Excess:

NZ\$ _____

Limit of Liability to third parties:

\$ _____