



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



Source/Broker/Agent/Club

charter craft proposal

Underwritten by Vero Insurance (New Zealand) Limited

The Proposer(s)

How did you hear about Mariner?: YES NO
 Have you been insured with mariner before? YES NO
 Broker Boat Club Existing client Internet Past client Trade-a-boat Other media

Full Name(s): _____

Address: _____

Email Address: _____ Fax No: _____

Telephone: Home: _____ Business: _____ Extn: _____

Mobile: _____

Business/Occupation: _____

Period of insurance: From ____ / ____ / ____ To ____ / ____ / ____ at 4 p.m

Interested Parties: _____

Address: _____

Nature of Interest: _____ Loan Amount: \$ _____ Final Repayment Date: _____

Office Use

RATE: _____

CO: _____

FSL: _____

GST: _____

U/W _____

OK

DATE: _____

Vessel Details

How is your vessel best described?:
 Trailered Cabin Boat Launch Yacht Motor Sailer Power Cat Motoryacht
 (20m plus LOA)
 Other _____

Vessel's Name: _____

Make: _____ Model: _____

Date Purchased: _____ Price Paid: \$ _____

Year Built: _____ Designer: _____

Builder: _____ Construction: _____

Length: _____ Draft: _____ Beam: _____

Main Engine/s: No. _____ Make: _____ HP: _____ Year: _____ Petrol Diesel

Type of Drive: Shaft Sternleg Sail Drive Surface Drive Outboard Jet

Max Speed (Knots): _____

Auxiliary Engine: Make: _____ HP: _____ Year: _____

Fire Extinguishers: Number on Board: _____ Type: _____

Type of Security: _____ **Other safety Items**

Mooring or Storage Details: Marina Pile Swing Drystack Trailer

Normal Location: _____ Site No: _____ Burglar Alarm: YES NO

Alternative Location: _____ Site No: _____ Bilge Alarm:

Trailer Security: Cable Lock: Coupling Lock: Wheel Clamp: Depth Sounder:

Date of Last Survey: _____ Name of Surveyor: _____ Radar:

Attach a copy of survey certificate. Fume Detector:

Vessel's Area of Operation: _____ Type of Use: _____ VHF:

GPS:



Sum Insured

Section A.

Sum Insured:

Agreed Value

The vessel including where applicable, spars, sails, machinery, tender, equipment and other accessories that would normally be sold with the vessel \$ _____

Ancillary gear, equipment and consummables including fishing gear, dive gear, any other items relating to the operation of business. \$ _____

TOTAL: \$ _____

EXCESS: \$ _____

RACING EXCESS: \$ _____

Applicable to yachts only:

Do you require a Racing Risk extension: YES NO

Type of racing: Fully Competitive Club Cruising only

Office Use

Section B.

Third Party Liability Limit: \$2,000,000

Section C.

Loss of Earnings: *If you require Loss of Earnings insurance complete the following:*

Vessel's gross income last year: \$ _____

Vessel's operating expenses last year: \$ _____

Vessel's normal monthly operating expenses: \$ _____

What Daily Indemnity Amount is required (should represent the normal daily charter rate, less any savings due to the vessel not operating): \$ _____

What period of indemnity is required: 90 days 180 days other: _____

Advise any special contractual earning arrangements: _____

Where are the nearest slipway/repair facilities for a vessel of this type: _____

Section D.

Statutory Liability

Do you require cover: YES NO Limit of Liability \$250,000

Section E.

Employers Liability

Do you require cover: YES NO Limit of Liability \$250,000

Master and Crew

	Name	Age	Crew Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please attach CV and copies of qualifications of all crew.



Disclosure & Declaration

Have you, the master, or anyone who may operate the vehicle, your de facto partner or any of your family, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance proposed –

- | | YES | NO |
|--|--------------------------|--------------------------|
| a. made a claim on any insurance company for any other vessel. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. had any other losses or accidents to any other vessel. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ever had any insurance declined, cancelled, renewal refused, terms imposed or claim declined. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Engaged in any criminal activity or had any criminal convictions or acquittals or have any criminal proceedings pending. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ever been bankrupt, insolvent, or entered into an arrangement with creditors. | <input type="checkbox"/> | <input type="checkbox"/> |

Is there any further information likely to affect this insurance.

If yes to any of the above questions please provide details in the box below. If you fail to answer the questions correctly we may not pay your claim or may even cancel your policy from its starting date. If you are in any doubt about which details you should disclose, then please discuss these with us.

- a.** _____
- b.** _____
- c.** _____
- d.** _____
- e.** _____

Who were your previous insurers in the last five years ? _____

I/we authorise:

Mariner Underwriters Limited to obtain from any other party, including the Insurance Claims Register Limited, personal information about me/us that is relevant to the acceptance of this proposal or to any claim under the policy proposed. The disclosure of personal information contained in this proposal to other insurers and/or to Insurance Claims Register Limited.

Mariner Underwriters Limited to disclose to other insurers and/or to Insurance Claims Register Limited details of any claim made by me/us under this policy or any previous policy. I/we have certain rights of access to and correction of this information.

I/we declare that:

1. the information given in this proposal is in every respect correct and complete.
2. this proposal shall be the basis of the contract between me/us and Mariner Underwriters Limited.
3. I/we agree to accept cover subject to Marine Underwriters Limited's policy conditions and any special terms they may require.
4. the sum insured represents the current market value of the property to be insured.
5. I/we are fully authorised to complete and sign this proposal on behalf of the person/s named in the proposal.

Proposer: _____

Signature: _____ Date: _____

Office Use



Charter Craft Policy Benefits

Cover includes:

- ✓ Sudden accidental physical loss or damage.
- ✓ Agreed value single sum insured on the vessel which includes, where applicable, spars, sails, machinery, tender, outboards, trailer, equipment and other accessories that would normally be sold with the craft.
- ✓ Provision to insure fishing gear kept permanently aboard moored craft.
- ✓ Navigation limits up to 200 nautical miles from North and South Islands of New Zealand

Automatic extensions include:

- ✓ Reasonable rescue costs for the rescue of you, your passengers or members of your crew up to \$10,000.
- ✓ Reimbursement of temporary accommodation and travel costs up to a maximum limit of \$2,500.
- ✓ Personal effects, your own or your family or employees whilst aboard your vessel and not otherwise insured. Up to \$1,000.
- ✓ Reimbursement of costs up to \$1,000 for replenishing, refilling or replacing fire extinguishers and/or safety flares used during an incident giving rise to an admitted claim.
- ✓ Legal liability arising from the ownership or use of the vessel \$2,000,000.

Optional extensions include:

- ✓ Full racing cover for yachts.
- ✓ Bluewater off shore facility.
- ✓ Ancillary gear and equipment.

This is a resume only and full details are contained in the policy conditions.

Transmission of Credit Card details to Mariner does not constitute our acceptance of cover. Written confirmation of cover will be despatched confirming inception date.

Credit Card Makes it Easy

Please charge to my account









CREDIT CARD NO.

CARD NAME:

PAYMENT ON BEHALF OF:

CARD EXPIRY DATE:

AMOUNT: \$

CARD HOLDERS SIGNATURE: