

# COMMERCIAL BOAT PROPOSAL FORM

Quote No.:

Type of Cover	
Comprehensive	Agreed value (subject to a valuation from an authorised boat dealer or boat broker)
Use of Boat	

Insured Details			
The Insured(s) (in full)			
Address		Postcode	
Telephone	Business	Mobile	
Email	Date of Birth	/ /	Occupation
Skippers Name	Business website		
Interested Parties			
Are you registered for GST?	Yes	No	NZBN Number
Trading Name			
Has the insured(s): Ever had any insurance refused or cancelled?		Yes	No
Had any boat or any theft claims in the last five years?		Yes	No
Been convicted of any offence in the last five years?		Yes	No
If you have ticked yes to any of these questions, please supply the details and date.			
Name of Master and formal qualifications and details of sea going experience			
Boating experience (yrs)			



### Risk Details (Duty of Disclosure overleaf)

Market Value Total Sum Insured \$

#### Agreed Value

Separate values required for each component of the boat. A valuation from an authorised boat dealer or boat broker must be attached.

Hull \$

Motor (including fuel tanks) \$

Trailer \$

Mast, Spars & Rigging \$

Sails \$

Equipment & Accessories \$

Boat Tender \$

Agreed Value Total Sum Insured \$

Personal Effects \$5,000 \$  
(automatic cover if applicable)

Proposed Excess \$

### Optional Benefits

Sailboat racing cover (up to 100nm) Yes No

### General

Details of Commercial work:

Navigation Limits:

Is the boat moored / penned? Yes No

Type of Mooring?

Is the vessel street parked? Yes No

Location of Mooring/Storage:

Post Code:

Date Boat Purchased: / / Price: Date last Surveyed: / /

Expiry Date of MOSS/SSN/SUP survey / /  
Note: Provide copy/number of certificate

## Declaration and authorisation

### Your Duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty at common law to disclose to us every matter you know, or could reasonably be expected to know, that a prudent insurer would want to take into account in deciding whether to insure you and, if so, on what terms. This applies to all persons to be covered under this contract of insurance.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance. Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be insured;
- that is of common knowledge;
- that we know or in the ordinary course of our business we ought to know;
- that we state we do not want to know.

### Non-disclosure or Misrepresentation

If you make a material misrepresentation to us, or if you do not comply with your duty of disclosure we may treat your policy as if it never existed.

### Privacy Collection Notice

We are committed to protecting your privacy. We collect the personal information we need to assess insurance applications, provide quotations, issue insurance policies and assess claims made under them. We may not be able to do these things if you don't provide the information we need.

We provide your personal information to the insurer that underwrites your insurance and our related companies in Australia. We provide your name and policy number to any intermediary that arranged your policy or referred you to us. We may also provide relevant personal information to our trusted suppliers including financiers, loss adjusters, assessors, surveyors, repairers, professional advisers, document storage centres and IT service providers.

We may use your contact details to send you marketing communications that we believe will be of interest to you. You can opt out from receiving these at any time.

Our Privacy Policy contains more information about how we manage your information including how you can access it, ask us to correct it or make a privacy related complaint. This is available free of charge on our website and on request.

If this Claim Form includes personal information such as names, addresses etc of any other person, you must ensure that you have that person's consent to provide this information to us and that you provide them with the information in this Privacy Collection Statement.

## Declaration and authorisation

I/We acknowledge that as the Insured(s), I/We:

1. **must act** with the **utmost good faith** in respect of any matter relating to this insurance
2. **have a duty of disclosure** as stated in this application form
3. **have provided** the **correct information** on previous losses and insurance history
4. **confirm** that all **answers and statements** in this application **are correct** and that no information has been **withheld** which may affect a decision to accept this application or the terms of the proposed policy
5. have received a Policy Wording that relates to the product the subject of this application form.

Yes      No

Applicant's signature x

Date  
(dd/mm/yyyy)    /    /



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Part of NM Insurance Pty Ltd



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