

Commercial Vessel Insurance Form

Trident Marine Insurance



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HOW TO FILL OUT THIS FORM

For questions with multiple choice answers, please tick the box in front of the correct answer.
For other questions, please write the information requested in the spaces provided.
If there is inadequate space to answer any questions, please attach a separate sheet of paper.
Please complete each question on this Proposal Form fully and accurately.

THE APPLICANT/S

BROKER/AGENT _____
Phone _____ Fax _____

INSURED NAME(S)
Full Name ① _____
Full Name ② _____

ADDRESS
Number/Street Name _____
Suburb/City _____ Postcode _____

CONTACT DETAILS
Email _____ Work Ph _____
Home Ph _____ Mobile _____

ARE YOU REGISTERED FOR GST?
 Yes No A.B.N. _____ Percentage of Business Taxable _____ %

PERIOD OF INSURANCE
From 4.00pm _____ To 4.00pm _____

INTERESTED PARTIES
Finance, Bank, Credit Union
etc. (if applicable) _____ Amount Financed \$ _____

DETAILS OF THE VESSEL & MOTOR(S)

NAME OF VESSEL _____ HIN or Boatcode No. _____
If more than one vessel please use attached schedule
Date Vessel Purchased _____ Purchase Price \$ _____
Builder _____
Nature of Repairs/Improvements undertaken since purchase _____
_____ Cost \$ _____

		Type/Make	Tonnage	Year Built	Registration/Sail, Hull or Serial No.	Hull Length, HP of Motor
Description of Insured Vessel, Motor, Trailer	Hull	_____	_____	_____	_____	_____
	Motor 1	_____	_____	_____	_____	_____
	Motor 2	_____	_____	_____	_____	_____
	Trailer	_____	_____	_____	_____	_____
	Tender	_____	_____	_____	_____	_____

Describe fully the use of the vessel _____

DETAILS OF THE VESSEL & MOTOR(S) (cont'd)

SPEED What is the maximum speed of your Vessel? _____ Knots/Kph

MATERIAL From what type of material is your vessel constructed? _____

TYPE OF MOTOR Inboard Outboard Sterndrive Jet

TYPE OF FUEL Diesel Petrol Other Details _____

MOORING Where is the vessel Kept/Moored? _____
How is the vessel Kept /Moored? _____

YACHTS If Yacht – Type of Rigging Wire Rod Date of last Rigging Inspection _____
Rigging Age _____ Number of Sails _____
Sails Material _____ Sails Age _____

PURPOSES Will the vessel be used for private purposes? Yes No
Please give details of frequency _____
Date vessel last surveyed by independent surveyor _____ Please attach copy of report
What are the navigational limits in which you will be using your vessel? _____
Please attach a copy of commercial registration certificates

EQUIPMENT AND ACCESSORIES

NB: No cover for any sporting and/or fishing equipment unless specially noted and agreed

Item	Make	Age	Proposed Insured Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

OPTIONAL BENEFITS Cover for fishing and/or diving equipment (\$2,000 per item/\$20,000 in total) Yes No
If "Yes", please provide details _____

TOTAL PROPOSED INSURED VALUES

VALUE Please attach documentary evidence to support 'Agreed' proposed value.

Is Proposed Value — Market Value Agreed Value (not offered without a current satisfactory valuation)

Hull \$ _____

Motors/Machinery \$ _____

Equipment and accessories (excluding Sporting Equipment) \$ _____

Sails, Masts, Spars, Booms and Fittings, Spinnaker Poles, Standing and Running Rigging \$ _____

Trailer \$ _____

Dinghy or Tender \$ _____

Fishing/Diving Equipment \$ _____

Total Proposed Insured Value \$ _____

LIABILITY TO THIRD PARTIES

THIRD PARTY Do you require Third Party Cover? Yes No

If "Yes", please state amount required. \$5Million \$10Million Other \$ _____

- Include Paying Passenger Liability (State No. of licensed Passengers) _____ Yes No
- Include Food and Drinks Liability Yes No
- Include Pollution Liability Yes No

GENERAL**MASTER**

Master's Name _____

Master's Qualifications _____

Master's Experience – please list brief details _____

VESSELHas there ever been any loss or damage to any vessel (inc. all fittings, equipment etc.) Yes No

Details _____

Will others be permitted to Sail/Navigate the vessel? Yes No

Details _____

Number of crew required to operate vessel _____

Is the vessel currently insured? Yes No

If "Yes", please advise the name of the insurer and the expiry date of the policy _____

Please list details of all previous accidents/losses to vessels under your ownership/control or the Master's during the last 5 years _____

Has any insurer ever declined to insure or renew cover or imposed restrictions on you as a proposer(s)? Yes No

Please give details (include name of insurer and date) _____

YOUR DUTY OF DISCLOSURE**YOUR DUTY TO DISCLOSE**

Before you enter into a contract of marine insurance with the insurers, you have a duty, under the Marine Insurance Act 1909, to disclose to the insurers every matter that you know or could be reasonably be expected to know, that is relevant to the insurer's decision on whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurers before you renew, extend, vary or reinstate a contract of marine insurance. Your duty however does not require disclosure of matters: that diminish the risk to be undertaken by the insurers; that are of common knowledge; that your insurers know, or in the ordinary course of their business, ought to know; when compliance with your duty is waived by the insurers.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurers may avoid the contract of insurance from its beginning.

PRIVACY

Privacy Legislation took effect on 21 December 2001. The legislation regulates the way private sector organisations can, collect use, keep secure and disclose personal information. Trident Insurance Group Pty Ltd has developed a privacy policy which explains what sort of personal information we hold about you and what we do with that information. Please contact Trident Insurance Group Pty Ltd to obtain a copy of the Trident Insurance Group Pty Ltd Privacy Promise information brochure. A copy of the brochure may also be obtained from the office of Trident Insurance Group Pty Ltd or from our website at www.tridentinsurance.com.au

DECLARATION AND SIGNATURE**I/We acknowledge that as the proposed/insured:**

1. I/We must act with utmost good faith in respect of any matter relating to this insurance
2. I/We have a duty of disclosure as stated in the application form
3. I/We confirm that the answers and statement in the application form are correct and that no information has been withheld which may affect the insurers' decision to accept this application form or the terms of the proposed policy.

Signature of Proposer(s) _____ Date _____

TRIDENT INSURANCE

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