

Jet Ski Insurance Proposal Form

Trident Marine Insurance



www.tridentmarine.com.au

1st Floor, 186 Scarborough Beach Rd
Mt Hawthorn WA 6016
PO Box 191 Mt Hawthorn WA 6915
Phone (08) 9202 8000
Fax (08) 9202 8010
Australia Wide 1300 307 101
Email info@tridentinsurance.com.au

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.

GENERAL INFO

INSURED NAME(S)

Full Name ① _____

Full Name ② _____

ADDRESS

Number/Street Name _____

Suburb/City _____ Postcode _____

CONTACT DETAILS

Email _____ Work Ph _____

Home Ph _____ Mobile _____

PERIOD OF INSURANCE

From 4.00pm _____ To 4.00pm _____

INTERESTED PARTIES

POLICY NUMBER

DETAILS OF THE JET SKI / MOTOR

JET SKI DETAILS

JET SKI DETAILS		Make/Model/Construction	Year Built	Registration/ VIN or Serial No.	Hull Length	HP of Motor(s)	Sum Insured
Description of Insured Vessel, Motor, Trailer	Hull	_____	_____	_____	_____	_____	\$ _____
	Motor	_____	_____	_____	_____	_____	\$ _____
	Trailer	_____	_____	_____	_____	_____	\$ _____

Date Purchased _____ Equipment & Accessories \$ _____

Maximum Speed _____ **Total Sum Insured** \$ _____

What was the total price paid for the hull, motor(s), trailer, equipment and accessories? \$ _____

If the total amount paid for everything is different from the agreed value nominated, please explain why.

Where is the jet ski stored? _____ How is the jet ski stored? _____

STORAGE

MODIFICATIONS

Provide details of modifications to jet ski and/or motor _____

JET SKI USAGE

PURPOSE

Will the jet ski be used for private purposes only? Yes No

If No, please provide details of use _____

GEOGRAPHICAL LIMITS

What are the geographical limits in which you will be using your jet ski? _____

EQUIPMENT AND ACCESSORIES

Item	Make	Age	Agreed Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Equipment Accessories Total			\$ _____

YOUR DUTY OF DISCLOSURE

PERSONS INSURED

The Policy will only cover the proposer(s) and no other person or persons

YOUR DUTY TO DISCLOSE FACTS

(Duty of Disclosure)

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know or could be reasonably expected to know, is relevant to the Insurer’s decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require the disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that the Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

GENERAL INFORMATION

Have you, the proposer(s), in the past 5 years:

- had any insurances cancelled, refused or had special conditions imposed? Yes No
- made any boat insurance claims? Yes No
- been charged or convicted with any offence? Yes No

If the answer is yes, to any of these questions, please provide full details _____

INSURER

Who currently insures your jet ski? _____

OTHER INFORMATION

Is there any other information you wish to tell us or think we should know? Yes No

If Yes, please provide details _____

DECLARATION

I / We acknowledge that as the proposer(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 Proposal Form
3. have provided the correct information on previous losses and insurance history
4. confirm that all answers and statements in this Proposal are correct and that no information has been withheld which may affect the Insurers decision to accept this Proposal or the terms of the proposed Policy.

Signature of Proposer(s) _____ Date _____