



Full Named of Proposer: _____ D/O/B: _____ Age: _____

Address: _____ Telephone: _____

Occupation: _____ Telephone: _____

A. PARTICULARS OF VESSEL

Name of Vessel: _____

Length Overall: _____ Beam: _____ Hull Material: _____ A Professional Kit: _____

Did an amateur or professional build the vessel? _____

Builders Name: _____ Year Built: _____

If amateur built or 5 years over, this proposal must be accompanied by a Full Condition Survey and Valuation Report. Vessels over 25 years old or conversions are not acceptable.

Date Purchase: _____ Purchase Price: \$ _____

Details of Engines(s)	Make	Year	HP	Serial No. (must be advised before theft cover Is operative)
Outboard I				
Outboard II				
Outboard III				

What is the maximum speed of the vessel with these engines? _____

Has the vessel ever been damaged? _____ If YES, please give details: _____

Fire Risk see Speed-Boat Clauses

Is the vessel fitted with automatically controlled or remote controlled fire extinguishers in the engine area and tank space? _____

If YES, state make and location. : _____

If NO give details of other types of extinguishers carried: _____

B. SUMS TO BE INSURED

- | | |
|---|-------------|
| | Total Value |
| 1. Hull and equipment (including all items normally given in the vessel specification should it be offered for sale excluding outboard motor(s)) | \$ _____ |
| 2. Special Equipment e.g. navigational equipment/radio telephone life raft
Please list all items over \$300 included in total value | |

Description	Value \$ _____	

_____		\$ _____

- | | |
|---|----------|
| 3. Tender/Dinghy (the vessel's name must be shown to comply with policy conditions) | \$ _____ |
| Give details: _____ | |
| 4. Outboard Motor(s) (state each individual value) Must be secured to vessel by an anti-theft device at all times | \$ _____ |
| 5. Road Trailer Trolley must be secured to vessel by an anti-theft device at all times | \$ _____ |
| Give details: _____ | |
| _____ | |

6. **Personal Effects e.g.** life jackets/yachting Clothing
Please list all items over \$200 included in total value

Description	Value \$ _____	

_____		\$ _____

OFFICE USE ONLY

Policy Number

First Premium

\$ _____

Total Sum Insured for Section B (Items 1-6) \$ _____

C. LIABILITY LIMITS

- | | |
|---|----------------|
| | LIMIT REQUIRED |
| 1. Claims to and incurred by water skiers (If applicable) | \$ _____ |
| 2. Claims by third parties and passengers | \$ _____ |

D. USE AND MOORINGS

Will the vessel be used for private pleasure only? _____

If NO state purpose for which it is to be used: _____

Where will the vessel generally be moored: _____

When in commission?	When laid up?	If the vessel is to be laid up state dates: From _____ to _____ Inclusive
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Which of the following apply? State whether it is during the in commission and/or laid up period (other –give details)

Marina Berth _____ Enclosed Harbour _____ Non-Tidal Waters _____

Other: _____

E. CRUISING RANGE

Waters of The Bahamas: _____

Waters of the Bahamas and East Coast of Florida, U.S.A. (If agreed by Insurers) _____

F. PERIOD OF INSURANCE

12 months commencing from / /

G. GENERAL QUESTIONS

1. How many years experience have you, or any person you will permit to use the vessel, as owner/crew? _____

2. Do you have any sailing qualifications? (proof will be required) _____

3. What crew will be carried? (state experience and qualifications) _____

4. Are you the sole owner of the vessel? _____

Give details of any co-owners or interested parties including Finance Companies.

Details: _____

5. To the best of your knowledge and belief have you or any person you will permit to use the vessel

(a) Suffered any accident or loss in the last 5 years in connection with any vessel used or owned? _____

(b) Had any insurance on any vessel cancelled or refused or had any special terms imposed? _____

(c) Ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson, drugs or is any prosecution pending? _____

If YES to any of the above questions full details must be given.

F. DECLARATION (Very Important)

When completing this proposal, you should disclose any facts which may influence the assessment and acceptance of this insurance. If you are in any doubt as to whether certain facts are relevant, please ask your insurance broker. Failure to disclose all relevant facts may invalidate your policy or may result in the policy not operating fully.

We have read, or have had read over to me/us, the contents of this completed proposal and I/we declare that the information given in it is to the best of my/our knowledge and belief, correct and complete.

You should keep a written record (including copies of letters) of any information you give us or to your broker or agent, when entering into this contract of insurance.

A copy of your completed proposal form will be supplied on request.

Signing of this form does not bind the Proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Company until this proposal form has been accepted.

Signature (s)

If signing on behalf of a company or firm please state position

Date

Liability does not commence until this proposal has been accepted and premium paid except as provided by J.S. Johnson & Co. Ltd.