

Yacht & Pleasure Craft Insurance Proposal

Personal Details		
Name of applicant(s): Surname	Forenames	Date(s) of birth (MM/DD/YYYY)
Mailing address (including Postcode)		
Home phone	Cell phone	Work phone
Email address	Occupation/Employer	Insurance start date (MM/DD/YYYY)
General questions		
	Yes	No
1. Have you had any experience in handling vessels of this type or any other craft?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the vessel to be used for purposes other than your own private pleasure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the vessel to be used for racing purposes?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered "Yes" to any of the above questions, please provide relevant details in the space below		
4. Name others who from time to time operate the insured vessel and state the details of their experience below.		
Name	Experience	
5. Have any accidents or losses occurred during the last 5 years in connection with any vessel owned or operated by yourself?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any insurer declined your proposal, refused renewal, increased the premium or imposed special terms?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered "Yes" to either of the above questions, please provide relevant details in the space below		
7. Does a mortgagee or other party have a financial interest in the vessel? If so, state their name and address.	<input type="checkbox"/>	<input type="checkbox"/>

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A. Particulars of the Hull			
Description	Sum insured	Description	Sum insured
Vessel Name		Make	
Year of manufacture		Type or class	
Overall length		Material of the hull	
Date of last survey (MM/DD/YYYY)		Registration Number	
Date of purchase (MM/DD/YYYY)		Price paid	
State the type of system of cooking and heating used			
B. The Engine			
Make		Model	
Serial number		Maximum speed (m.p.h.)	
Please check the appropriate box:			
Type of engine: Inboard	<input type="checkbox"/>	Outboard	<input type="checkbox"/>
		Inboard/Outboard	<input type="checkbox"/>
Screw: Single	<input type="checkbox"/>	Twin	<input type="checkbox"/>
Fuel: Diesel	<input type="checkbox"/>	Petrol	<input type="checkbox"/>
C. The Equipment			
State below the type of equipment that you wish to insure such as a ship to shore radio, plus the sum insured (replacement value):			
Description	Sum insured		
D. The Mooring			
State the exact location of the mooring(s)			
State the mooring number(s)			
<p>Please note that in the event that your vessel is insured by Argus an up to date mooring certificate of inspection will be required.</p> <p>If the vessel will be laid up and out of commission, state the details below:</p> <p>The vessel will be at <input type="text"/> Ashore <input type="checkbox"/> Afloat <input type="checkbox"/></p> <p>From (MM/DD/YYYY) <input type="text"/> To (MM/DD/YYYY) <input type="text"/> inclusive</p>			
E. Punt			
Length		Type	
Made of			
Outboard Motor: Horsepower		Outboard Motor: Make	



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F. Sums to be insured

Description	Sum Insured
Hull	
Engine	
Sails and spars	
Equipment	
Punt	
Total	

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Application, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE to maintain the amounts insured as the full replace value of the property. I agree that this Proposal forms the basis of the contract between me and the Company. I have withheld no information material to the Proposal whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Agent/Underwriter

Date(MM/DD/YYYY)