

Fisherman Proposal



Period of insurance From To at 12 midnight

The Proposer

Name _____
Address _____
Phone Bus _____ Pvte _____ Contact Person _____
(if other than proposer &/or when proposer at sea)

Other interested parties, if any, and nature of interest e.g. legal owner, mortgagee, debenture holder, etc.

Name _____
Address _____
Nature of Interest _____ Amount of Loan \$ _____ Final Repayment due / /

Section A – Hull Insurance

The Vessel

Vessel's name _____
Previous name(s) _____
Bought from _____
Date purchased _____
Purchase price \$ _____
Type of vessel _____
Builder _____
Design _____
Hull construction _____
Year built _____
Length _____ Tonnage _____
Draught _____ Range _____
Beam _____ Maximum designed speed _____
Has the vessel been altered since it was built? **yes ~ no (Please circle)**
If yes, please give details _____

Main Engine
Year, make and model _____
Serial number _____
Horsepower and fuel _____
Auxiliary Engine
Year, make and model _____
Serial number _____
Horsepower and fuel _____
Outboard Motor
Year, make and model _____
Serial number _____
Horsepower and fuel _____
Have any of the above been rebuilt? **yes ~ no (Please circle)**
If yes, please give details _____

Proposed Sums Insured

Current market values exclusive of GST

Hull, fixtures & fittings \$ _____
Machinery & Plant \$ _____
Fishing Gear \$ _____
Special Equipment \$ _____
Other Gear \$ _____
Dinghy \$ _____
Total \$ _____

Specify _____

Section B Third Party Liability

Limit \$1,000,000

Do you require an increased limit of Third Party Liability?
yes ~ no (Please circle)

If yes, amount required \$ _____

Section C Statutory Liability Insurance

Limit \$250,000

Do you require cover for Statutory Liability? **yes ~ no** (Please circle)

Section D Employers Liability Insurance

Limit \$250,000

Do you require cover for Employers Liability? **yes ~ no** (Please circle)

Discharge System

What through skin fittings does the vessel have? *give number and type* _____

Are gate valves/seacocks fitted? **yes ~ no** (Please circle) Are they closed when vessel unattended? **yes ~ no** (Please circle)

Do you use a hose line over the side of your vessel? **yes ~ no** (Please circle)

Maintenance

Frequency vessel

- Slipped _____ Date last slipped / /
- Inspected/serviced _____ Date last serviced / /

Mooring

Type of mooring/berth **marina ~ pile ~ swing ~ wharf** (Please circle) Location _____

If a swing mooring, what date was it last lifted and inspected? / /

If a swing mooring, how often is mooring inspected? _____ By whom? _____

Is your mooring designed to hold vessels the size of yours? **yes ~ no** (Please circle)

Do you use any other moorings? **yes ~ no** (Please circle)

Location _____ How often? _____

What anchorages do you use from time to time?

Location _____ How often? _____

If the vessel is trailered where is it kept when not in use? _____

What theft preventative measures are applied when unattended? _____

Survey

Who is the vessel entered into a Safe Ship Management programme with? _____

_____ Date of entry / /

Please attach a copy of the current Safe Ship Management certificate. If you have recently purchased the vessel, please enclose a copy of the pre-purchase survey/valuation _____

Note An independent vessel condition survey report and/or valuation may be required

Extensions of Cover

Section E Trailer Insurance

Do you require cover for the vessels trailer? **yes ~ no** (Please circle)

If yes, details of trailer _____

Reg. Number _____ Value \$ _____

Section F Loss of Catch

Do you require insurance for loss of catch? **yes ~ no** (Please circle)

If yes, amount required \$ _____

NOTE This extension provides indemnity for the loss of catch on board your vessel if the loss is a result of a specified insured peril.

Section G Mortgage Repayment Insurance

Maximum indemnity period 3 months (Maximum sum insured \$25,000)

Do you require Mortgage Repayment Insurance for your vessel?

yes ~ no (Please circle)

If yes, monthly repayment amount required \$ _____

NOTE This amount should represent the monthly instalments of interest and/or principal payable by you to any professional financial institution or trust on any mortgages registered against the insured vessel.

Operation

Vessel's operating area _____

Does the vessel operate all year round? **yes ~ no (Please circle)** *If no, period* _____

Usual period at sea _____ Maximum period at sea _____

Method of fishing _____

Type of fish caught and % of catch _____

Under quota _____

Other species _____

Vessel's gross income last year \$ _____ Operating expenses last year \$ _____

To whom do you sell your catch? _____

Master and Crew

Each master must complete a separate Master's Questionnaire.

Regular Master's name _____ Phone _____

Name/s of any other Master/s who may command the vessel _____

Regular crew name	Age	Years at sea	Fishing Vessel Experience	Qualifications
_____	_____	_____	_____	_____

Is a qualified engineer on board? **yes ~ no (Please circle)** *If yes, provide name and details of qualifications* _____

Previous Accidents/Losses

Have you or any person who has an interest in the vessel

ii) made a claim on any insurance company for this or any other vessel? **yes ~ no (Please circle)**

If yes, what happened? ~ include date, cause and cost _____

ii) had any other losses or accidents with this or any other vessel? **yes ~ no (Please circle)**

If yes, what happened? ~ include date, cause and cost _____

iii) been fined or charged with any breach of the Maritime Transport Act in respect of the operation of a vessel? **yes ~ no (Please circle)**

If yes, give full details _____

iv) been fined or charged with any breach of the Fisheries Act? **yes ~ no (Please circle)**

If yes, give full details _____

Previous Insurance

Current insurer's name _____ Policy expiry date / /

Has any insurer ever cancelled or declined to insure or renew, or imposed additional terms or restricted cover on any policy held by you, or on any vessel that you have or held an interest in, or had or held a management or similar position in? **yes ~ no (Please circle)**

If yes, please give details _____

General Information

Have you, or any person with an insurable interest ever

i) had any criminal convictions? **yes ~ no (Please circle)**

ii) been declared bankrupt, insolvent or ever entered into an arrangement with creditors? **yes ~ no (Please circle)**

iii) had a vessel repossessed? **yes ~ no (Please circle)**

If yes, to any of the above, please give details

Question no.	Details
_____	_____
_____	_____

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention

- This Proposal collects personal information about you;
- The information is collected to evaluate the insurance that you seek;
- The intended recipient of the information is Vero Marine Insurance;
- The information is collected and held by Vero Marine Insurance, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory;
- The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.
- I/We authorise Vero Marine Insurance to obtain from other insurers or any insurance broker or any other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration

I/We declare that the answers given above and overleaf are true and correct and I/we have not withheld any information or details of previous claims or any other material fact likely to affect acceptance of this proposal.

I/We undertake to exercise all ordinary and reasonable precautions for the safety of the vessel and I/we warrant that the vessel is well found and in every respect seaworthy.

I/We agree that this proposal, Master's Questionnaire(s), and declaration shall be the basis of the contract between Vero Marine Insurance and myself/ourselves and further agree to accept Vero Marine Insurance's policy subject to the terms exceptions, conditions and excesses contained therein.

Signature _____ Date / /

Company _____

This insurance will not be in force until this proposal has been accepted by Vero Marine Insurance.