

# Helmsman Proposal



Period of insurance From       To       at 4.00pm New Zealand time

**Note: the Helmsman policy is only to be used for skippered charter and small tourist boat operations. For bareboat charter operations use the Commercial Hull proposal.**

## The Proposer

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Bus. \_\_\_\_\_ Pvte. \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Website (company) \_\_\_\_\_ (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 NZD \_\_\_\_\_ Final repayment due / /

## Sections A, B & C - Hull, Trailer, Gear & Equipment

### The Vessel

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

### Proposed Sums Insured

**Current market values exclusive of GST**

<u>Main Engine</u>	NZD	(value)	<b>Compulsory to complete</b>	
Year, make and model	_____	_____	Hull, fixtures & fittings	NZD _____
Year of last rebuild	_____	_____	Machinery	NZD _____
Horsepower and fuel	_____	_____	Masts, spars, sails & rigging	NZD _____
<u>Auxiliary Engine</u>	NZD	(value)	Dinghy	NZD _____
Year, make and model	_____	_____	Trailer*	NZD _____
Horsepower and fuel	_____	_____	Gear & Equipment*	NZD _____
<u>Outboard Motor</u>	NZD	(value)	(Optional Extn) Jetski*	NZD _____
Year, make and model	_____	_____		Year, make and model _____
Horsepower and fuel	_____	_____	<b>Total</b>	<b>NZD</b> _____

\* if cover is required for these items, an individual sum insured **must be specified** for each

**Note 1: Jetski/Personal Watercraft cover is only available for craft usually carried on deck when not in use. The insured vessel must be equipped to carry the Jetski / Watercraft onboard.**

**Note 2: War & Strikes cover is automatically provided under this Policy wording**

## Section D - Third Party Liability

Standard Limit NZD 5,000,000

Do you require an increased limit of Third Party Liability? **yes ~ no**

If yes, amount required NZD \_\_\_\_\_

## Section E - Loss of Earnings

Do you require Loss of Earning insurance? **yes ~ no**

If yes, please complete the following:

What Daily Indemnity Amount is required NZD \_\_\_\_\_ (This amount should represent the normal daily charter fee, less any costs saved due to the vessel not operating)

What period of indemnity is required? **3 mths ~ 6 mths ~ other** \_\_\_\_\_

Are there any special contractual earning arrangements? **yes ~ no**

If yes, what are they? \_\_\_\_\_

## Section F - Statutory Liability

NZD 250,000

## Section G - Employers Liability

NZD 250,000

## Section H - Legal Defence Costs Extension

Do you require Legal Defence Costs Extension? **yes ~ no**

If yes, have you, the skipper, boat owner, employee of the boat owner and/or user (with the owner's permission) faced any criminal or serious traffic charges and/or been convicted of any criminal or serious traffic offences? **yes ~ no**

## Repair Facilities

Where are the nearest repair facilities for a vessel of this type? \_\_\_\_\_

Where are the nearest slipway facilities for a vessel of this type? \_\_\_\_\_

## Health & Safety in Employment Act

In order to comply with the Health & Safety in Employment Act have you procedures or systems to:

- i) Identify existing and new hazards to employees? **yes ~ no**
- ii) Take all practical steps to eliminate, isolate or minimise significant hazards? **yes ~ no**
- iii) Train employees on work hazards and the safe use of all equipment that they may be required to handle? **yes ~ no**

If no to any of the above, please advise reasons in full below:

Question no.	Details

## Resource Management Act

Have you applied for, or have a need to apply for, a Resource Consent Certificate under the Act? **yes ~ no**

If yes, give full details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Discharge System

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

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

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

## Maintenance

Frequency vessel is

- Slipped \_\_\_\_\_ Date last slipped / /
- Inspected/serviced \_\_\_\_\_ Date last inspected/serviced / /

## Mooring

Type of mooring/berth **marina ~ pile ~ swing ~ wharf** Location \_\_\_\_\_

Do you use any other moorings? **yes ~ no**

Location \_\_\_\_\_ How often? \_\_\_\_\_

If the vessel is trailered, where is it kept when not in use? \_\_\_\_\_

What theft preventative measures are applied when unattended? \_\_\_\_\_

## Safe Ship Management / Safe Operating Plan

Is the vessel entered into a Safe Ship Management Programme or does it have a Safe Operating Plan registered? **yes ~ no**

If yes, what is its MSA number? \_\_\_\_\_

### Notes:

1. **It is a Material Fact that the vessel must comply with SSM/SOP regulations. At the time of a claim the current SSM/SOP certificate will be required to be sighted.**
2. **An independent vessel condition survey report and/or valuation may be required**

## Operation

Vessel's operating area \_\_\_\_\_

**Note:** The policy is subject to the implied warranty of legality. In order for the vessel to operate legally, it must **at all times** operate within the area permitted under its Safe Ship Management (SSM) Certificate or Safe Operating Plan (SOP), unless a written exemption exists

State use of vessel and operation \_\_\_\_\_  
\_\_\_\_\_

Is the vessel used for any other commercial use other than as a charter craft? **yes ~ no**

If yes, please describe other use \_\_\_\_\_  
\_\_\_\_\_

Provide details of the vessel's previous use over the last 3 years \_\_\_\_\_  
\_\_\_\_\_

Vessel's gross income last year NZD \_\_\_\_\_ Vessel's operating expenses last year NZD \_\_\_\_\_

Vessel's normal monthly operating expenses NZD \_\_\_\_\_

How many passengers will this vessel carry? \_\_\_\_\_



## 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 and Vero Liability Insurance Ltd (if applicable);
- 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.
- You authorize Vero Marine Insurance and Vero Liability Insurance Ltd (if applicable) 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 you or any claim made by you.
- 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, any Additional Vessels form(s), Master's Questionnaire(s) and Declaration shall be the basis of the contract between Vero Marine Insurance and Vero Liability Insurance Ltd (if applicable) and myself/ourselves; and I/we further agree to accept Vero Marine Insurance's policy subject to its terms, exceptions, conditions and deductibles.

Proposer's signature \_\_\_\_\_ Date        /        /

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