

Helmsman Proposal



Period of insurance From To at 12 midnight

The Proposer

Name _____

Address _____

Phone Bus. _____ Pvt. _____ 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 / /

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

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**

If yes, please give details _____

Proposed Sums Insured

~ Current market values exclusive of GST

Hull, fixtures & fittings \$ _____

Machinery \$ _____

Mast, spars, sails & rigging \$ _____

Dinghy \$ _____

Trailer \$ _____

Gear & equipment \$ _____

Total \$ _____

- Registration Number _____

- Ancillary gear, equipment & consumables including fishing gear, dive gear, any items related to the operation of the business.

Section D - Third Party Liability

(included up to the proposed Total Sum Insured specified for Section A, B & C or \$250,000 whichever is the greater)

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

If yes, amount required \$ _____

Section E - Loss of Earnings

Do you require Loss of Earning insurance? **yes ~ no** *If yes, please complete the following:*

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

Vessel's normal monthly operating expenses \$ _____

What Daily Indemnity Amount is required \$ _____ (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?* _____

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? _____

Extensions of Cover

1. Racing Risk Extension (applicable to Yachts only)

Do you require a Racing Risk Extension? **yes ~ no**

2. Jetski/Personal Watercraft (must be usually carried on deck or on davits of the insured vessel)

Do you require cover for Jetski/Personal Watercraft? **yes ~ no**

If yes, provide details of Year, make & model _____

Serial number _____

Date of purchase _____

Sum insured _____

3. 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**

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 _____

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**

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

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

Is the vessel entered into a Safe Ship Management programme? **yes ~ no** If yes, MSA number _____

If yes, what programme? _____ Date of entry / /

If no, has your vessel been inspected by a registered surveyor of ships? **yes ~ no**

If yes, when and by whom _____

If a current survey is available, please attach a copy. Please quote your certification number _____

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

Operation

Vessel's operating area _____

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

State use of vessel and operation _____

Is the charter Skipped Bareboat **NOTE: If bareboat, please attach a copy of the charter agreement and details of minimum qualification required of the person in charge of the vessel.**

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

How many passengers will this vessel carry? _____

Master and Crew

Each master must complete a separate Master's Questionnaire

Regular master's name	Phone

Regular crew name	Age	Years at sea	Experience	Qualifications

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

Previous Accidents/Losses

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

- i) made a claim on any insurance company for this or any other vessel? **yes ~ no**
If yes, what happened? ~ include date, cause and cost _____

- ii) had any other losses of accidents with this or any other vessel? **yes ~ no**
If yes, what happened? ~ include date, cause and cost _____

- iii) been charged with breaching any local or national regulations in respect of the operation of a vessel? **yes ~ no**
If yes, give full details _____

- iv) been fined or charged with any breach of regulation under the Health and Safety in Employment Act? **yes ~ no**
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 had or held an interest in, or had or held a management or similar position in? **yes ~ no**

If yes, please give details _____

General Information

Have you, or any person with an insurable interest ever

- i) Had any criminal convictions? **yes ~ no**
 - ii) Been declared bankrupt, insolvent or ever entered into an arrangement with creditors? **yes ~ no**
 - iii) Had a vessel repossessed? **yes ~ no**
- 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 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 the 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 Vero Liability Insurance Ltd (if applicable) and myself/ourselves; and I/we further agree to accept Vero Marine Insurance's policy subject to the terms, exceptions, conditions and excesses contained therein.

Proposer's signature _____ Date / /

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