

# Hull Insurance Proposal



*If more than one vessel, please complete an Additional Vessel Proposal.  
If used under charter, please complete a Helmsman 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 / /

## 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 \_\_\_\_\_

### 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 \_\_\_\_\_

Has the vessel been altered since it was built? **yes ~ no** (Please circle)  
If yes, please give details \_\_\_\_\_

Have any of the above been rebuilt? **yes ~ no**  
If yes, please give date and details \_\_\_\_\_

## Proposed Sums Insured

~ Current market values exclusive of GST

Hull, fixtures & fittings \$ \_\_\_\_\_  
Machinery & plant \$ \_\_\_\_\_  
Mast, spars, sails & rigging \$ \_\_\_\_\_  
Dinghy \$ \_\_\_\_\_  
Trailer \$ \_\_\_\_\_  
Vessel's equipment \$ \_\_\_\_\_  
Ancillary gear & equipment \$ \_\_\_\_\_  
**Total \$ \_\_\_\_\_**

- Registration Number \_\_\_\_\_
- is equipment which would be sold with the vessel.
- Ancillary gear, equipment & consumables (not sold with the vessel).

## 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** **NOTE Losses caused by insecure hoses are excluded**

## Maintenance

Frequency vessel

- Slipped \_\_\_\_\_ Date last slipped / /
- Inspected/serviced \_\_\_\_\_ Date last 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, what programme? \_\_\_\_\_ Date of entry / /

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

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 \_\_\_\_\_

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 \_\_\_\_\_

## 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 or 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 have 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) committed any crime? **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

## Extensions of Cover

### Third Party Liability Insurance

Do you require Third Party Liability insurance? **yes ~ no** If yes, amount required \$ \_\_\_\_\_

### Loss of Earnings

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

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

Vessel's monthly operating expenses High period \$ \_\_\_\_\_ Low period \$ \_\_\_\_\_

What daily earning cover is required \$ \_\_\_\_\_ What period of indemnity is required? **3 mths ~ 6 mths ~ other** \_\_\_\_\_

What monthly standing charges are incurred, regardless of whether vessel is operating or not \$ \_\_\_\_\_

Are there any special contractual earning arrangements? **yes ~ no** If yes, what are they? \_\_\_\_\_

### War & Strikes

Do you require War & Strikes Insurance? **yes ~ no**

## 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 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.  
You must also complete a separate Master's Questionnaire.**