



FSP NO: 45487

PO BOX, 31053, Moreskof, 9462

**PROPOSAL FOR YACHT AND PLEASURE CRAFT INSURANCE**

Before completing this proposal please note specially that the failure to disclose all material information, i.e. information which is likely to influence the acceptance of the risk and terms applied, could invalidate the insurance. If you are in doubt as to whether any information is material, it should be disclosed.

A specimen policy is available on request. Remember to sign and date the Declaration at the end of the form.

**Please write in block letters or tick boxes as applicable.**

**Person applying for insurance – proposer and user**

Name and Surname			
ID Number		Age	
Occupation			
Tel Number		E-mail	
Street Address			

**Boat handling experience**

What are your special qualifications for boat handling i.e. Yacht Masters Certificate:			
Number of years as owner of this craft		Number of years as crew of (state type of craft)	
Of which Yacht or Boat Club/s are you a member			

**Insurance and claims details**

What accidents, incidents, losses or insurance claims have happened during this past five years in connection with any vessel you have sailed or owned?			
Have you previously insured any vessel? (mark with (x) if applicable)	Yes		No
If yes. State insurance company name/s			
Have you ever had insurance on your boat			
Cancelled?	Yes		No
Refused at renewal?	Yes		No
Renewed only at increased terms?	Yes		No
If the answer is yes to any of the above, please specify:			
Do you wish to bear a voluntary deductible in addition to any compulsory deductible required by the company?	Yes		No
If yes, please specify			
Insurance is to be for a period of 12 (twelve) months, cover required to commence on	d d / m m / y y		
and ending at midnight on	d d / m m / y y		



## PROPOSAL FOR YACHT AND PLEASURE CRAFT INSURANCE

### Use and storage of vessel

Private pleasure only?	Yes		No	
If no, please specify				
Craft used by you only?	Yes		No	
If no, provide full details (boat handling experience ect.)				
Sailed single-handed?	Yes		No	
If no, please provide details of crew				
If yes, please specify				
Racing under sail?	Yes		No	
If yes, please specify				
What security arrangements / precautions will be in place when the craft is not being used?				
Is craft housed, garaged or moored?				
If moored at a Marina, state name:				
Are moorings professionally laid & maintained?	Yes		No	
If yes, specify by whom?				
Do you require the vessel to be insured during an inland transit?	Yes		No	
<b>State cruising range required</b>				
Inland Waters of RSA only:	Yes		No	
Coastal waters of RSA (not exceeding 50 nautical miles from the coast line):	Yes		No	
If different from 4.11.1 & 4.11.2 above, please state requirements:				

### Hull, machinery and trailer details

Please note that if the Hull and/or the machinery and/or the trailer is more than ten (10) years old, the company requires a survey to be conducted by an independent marine surveyor or similar qualified person and such survey must be submitted and accepted by the company prior to attachment of cover. The expense of such a survey will be for the account of the Proposer.

#### Hull Details

Name of Vessel			
Type / Class	Serial Number		
Name of Vessel			
Manufacture's Name	Year manufactured / built		
Overall Length			

#### Main engine details

Inboard Engine	Yes		No	
Outboard Engine	Yes		No	
Single Engine	Yes		No	
Twin Engine	Yes		No	
Make & Model				
Serial Number(s)				
Horsepower				
Fuel Used				

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Year Manufactured			
If inboard engine(s) are the original engine(s) installed by the manufacturer of the hull?	Yes		No
If no, please specify			
If outboard motors,	State details of Motor Lock or other security devise		

Do you require cover for dropping off or falling overboard?	Yes		No
Do you require cover for striking submerged objects	Yes		No
Maximum designed speed with present engine(s)			

### Trailer details

Make / Registration Number and Year Manufactured			
State how the trailer is secured when left unattended or not in use			
<b>Has the craft or any part thereof been subject to</b>			
Conversion?	Yes		No
Modification?	Yes		No
Amateur Construction?	Yes		No
If yes to any of the above, please specify			

### Schedule of insurance

Item	Value to be insured
Hull & equipment including Inboard motor/s, if any	R
Outboard motor/s to parent vessel	R
Show separately values of:	
(a) Sails	R
(b) Masts	R
(c) Spars	R
(d) Rigging	R
Dinghy / Tender to Parent Vessel - N.B. Must be marked with name of parent	
Vessel	R
Outboard Motor/s to Dinghy	
Trailer	R
Special equipment	R
Total to be insured	R

### Declaration

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the company with regards to the proposal. Signing this form does not bind the Proposer to complete the insurance but it is agreed that this information shall be the basis of the contract should a policy be issued. No liability attaches the company until this proposal has been accepted.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Name: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Tel: \_\_\_\_\_

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**Klerksdorp Branch – Head Office.**

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