

HULL PROPOSAL FORM (SMALL CRAFT)**Details of Proposer**

Full

Name: _____

Address: _____

Phone: Office: _____ Home: _____

Fax: _____ Mobile: _____

Email: _____ Occupation: _____

Name of Employer: _____

Position held: _____

Insurance is to be for 12 months
from: _____

Finance/mortgage company: _____ Owner's Nationality: _____

Details of Vessel

Name of vessel: _____ Type - Motor/Sail _____

Port of Registry: _____

Builders: _____ Year Built: _____ Licence No.: _____

Material of hull (if wood state method of construction) : _____

Material of Mast, Rigging and Sails : _____

Length: _____ Beam: _____ Draft: _____ Tonnage: _____

Make of engine(s): _____ Horsepower of each: _____

Engine number(s): _____

Maximum Design Speed: _____ Fuel used: _____

Type of engine: Inboard ☐ Outboard ☐ Single ☐ Twin ☐Surface Drive: Yes ☐ No ☐**Insured Values**

Schedule of Insurance	Insured Value	Purchase Date	Purchase Price
Hull and equipment including inboard engine (if any)			
Outboard motor(s) to parent vessel			
Dinghy/tender to parent vessel N.B. (Must be permanently marked with name of parent vessel)			
Outboard Motor(s) to dinghy/tender			
Special equipment - Please attach list with values			
Total Sum to be insured		Not Applicable	Not Applicable



1. Type of insurance cover is required? _____
2. Do you wish in addition to cover?
- Masts, spars and sails against racing risks Yes ☐ No ☐
- If "Yes", Please state total replacement value of these items: _____
- Waterskiing, aquaplaning or any similar sport? Yes ☐ No ☐
- If "Yes", please advise type of activities (e.g. Wake boarding, doughnuts, banana boats, waterskiing etc.) and limit of liability: _____
- Outboard motors against dropping or falling overboard? Yes ☐ No ☐
3. Limit of Third Party Liability is required? _____
4. How many years experience have you had in handling craft? State if permanent, professional, or other crew will be employed: _____
5. What accidents/incidents/losses or insurance claims have happened during the past five years in connection with any vessel you have sailed or owned? _____
6. Have you had insurance for any vessel? If so, please state what reason:
- (a) Declined? _____ (b) Cancelled? _____
7. Is the vessel used for private pleasure purposes only? Yes ☐ No ☐
- Is the vessel used for corporate entertainment? Yes ☐ No ☐
- (* We are not prepared to accept the vessel which is used for paid charter and/or as a house boat.)
8. What cruising range is to be covered? _____
9. Will any major alterations or major repairs take place within the next 12 months? _____
10. Where does the vessel usually moor when not in use? _____
11. Please give details of moored security and precautions taken against the vessel being stolen: _____
12. Details of fire extinguisher system: _____
- Please advise if vessel is fitted with an automatic or manual fixed fire fighting system in the engine room/space. Please including the location of the manual operating controls - if fitted: _____
 - If vessel has a galley, please advise what fire fighting systems are installed in this area: _____
 - Please advise the number of hand held fire extinguishers on board and their locations: _____
- Please note that insurance company requirements for fire fighting or preventative systems vary. You must check that your system complies with Underwriters requirements and ensure that it is fully serviced and operational at all time.
13. Has the vessel been surveyed by a qualified surveyor? If so, please provide a copy: Yes ☐ No ☐



Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the Proposer purchasing and taking up the policy issued by Tugu Insurance Company Limited ("the Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorized person who signs on behalf of the Proposer further confirms to the Company that he or she is authorized to do so.

The Proposer further understands that the above agreement is necessary for the Company to proceed with the application.

佣金披露

投保人明白、確知及同意，德高保險有限公司（“本公司”）會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向本公司確認他/她已獲該法人團體授權。

投保人亦明白本公司必須取得投保人以上的同意，才可以處理其保險申請。

Declaration

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt whether facts would be considered material, you should disclose them. Should something become known or a matter arises during the currency of your insurance which could be considered to be a material fact this should also be advised to Underwriters immediately.

We/I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. We/I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

Signature of Proposer :

Date:

Full Name :
