

MARINE PROPOSAL FORM FOR FISHING VESSELS

ALL QUESTIONS TO BE ANSWERED. NO SPACES TO BE LEFT BLANK.

1.	Person applying for Insurance Proposer	
	(a) Name in full	_____
	(b) Email Address	_____
	(c) Location Address	_____
	(d) Mailing Address <i>(if not same as above)</i>	_____
	(e) Telephone No.	_____
	(f) Mobile No.	_____
2.	(a) Are you the owner of the boat?	_____
	(b) Is it registered in your name?	_____
3.	(a) Name of the Boat.	_____
	(b) Licence Number.	_____
	(c) What is its construction?	_____
	(d) Are there any other identification marks?	_____
4.	Measurements	
	(a) Length:	_____
	(b) Width:	_____
	(c) Draught:	_____
5.	(a) In what year was the boat built?	_____
	(b) Year of the last major reconditioning.	_____
	(c) Name and address of the builder.	_____
6.	Where is the boat normally moored? State whether anchored or hauled ashore.	_____
7.	Is the boat registered with the Fisheries Division? If so, give date and No. of registration.	_____
8.	Date of the last survey for seaworthiness. Please attach Certificate or Report currently valid.	_____
9.	Engine	
	(a) Capacity:	_____
	(b) Make:	_____
	(c) Number:	_____
	(d) When installed:	_____
	(e) Certificate of maintenance or fitness.	_____
10.	(i) Value declared for insurance:	
	(a) Boat	_____
	(b) Engine	_____
	(c) Fishing Gear	_____
	(ii) What in your opinion is the market value of the boat including engine?	_____

11. Claims History in the past five (5) years.			
	No. of Claims	Circumstance of Loss	Total Amount of Loss
2012			
2013			
2014			
2015			
2016			
2017			
12. Has any Insurer at any time: -			
(a) Declined your proposal? _____			
(b) Imposed special conditions to insure you? _____			
(c) Cancelled or refused to renew an existing policy on your vessels/s? _____			
If so, state full details.			
13. What is the maximum distance from shore your vessel is likely to go for fishing purposes? _____			
14. Will the boat be laid up for a period exceeding 4 consecutive weeks for any reason? _____			
If so, please give details.			
15. Does your boat have any navigational aids, wireless equipment, flares, life-saving equipment, first-aid kit, etc.? _____			
Please give details.			
16. PERIOD OF INSURANCE REQUIRED FROM: _____			
TO: _____			
17. Is there any purchase agreement with a financial institution? _____			
If so, please state name of Institution and extent of their financial interest.			

Declaration

I/We desire to insure with Trident Insurance in respect of the fishing boat described in the above proposal. I/We warrant that the above statements are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We agree that this proposal shall be the basis for the proposed contract between me/us and Trident Insurance and I/We agree to accept a Policy in Trident Insurance usual form for this class of insurance.

Signature of Proposer _____ Date _____

FOR OFFICE USE ONLY		
POLICY NO:	INCEPTION DATE:	1 ST PREMIUM:
UNDERWRITER'S NAME:	RENEWAL DATE:	RENEWAL PREMIUM:

Trident Insurance Financial Centre,
Highway 7, Hastings, Christ Church, BB15154, Barbados, W.I
Tel: (246) 431-2347 Fax: (246) 427-5750
E-mail: trident@tridentins.com
Website: www.tridentins.com