



MARINE PROPOSAL FORM

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

1.	Per	son applying for Insurance Proposer				
	(a)	Name in full				
	(b)	Date of birth	(c)	Оссі	upatio	on
	(d)	Email Address				
	(e)	Location Address				
	(f)	Mailing Address				
		(if not same as above)				
	(g)	Telephone No.	(h)	Mol	oile No	0
	(i)	Name and address of mortgagee or other Insured as				
		applicable				
	(j)	Have you or any member of your family normally residing with you, captain, crew or directors where the Proposer is		Yes		No
		a limited company, ever been convicted of any offence				
		other than driving offences?				
	(k)	Have you or any person in (j) above suffered from		Yes		No
		diabetes, epilepsy, heart condition controlled by drugs? If 'yes' to either question give details.				
2.	Boa	at Handling experience and insurance record	-			
	(a)					
	. ,	E.g. Yacht Masters Certificate				
	(b)	Number of years as owner or crew of this type of Craft				
	(c)	What accidents, incidents, losses or insurance claims have				
		happened during the past five years in connection with				
		any vessel you have sailed or owned?				
	(d)	Have you previously insured any vessel? If yes, state which insurer.		Yes		No
	(e)	Have you ever had an insurance on your boat				
		i. Cancelled		Yes		No
		ii. Refused at renewal		Yes		No
		iii. Renewed only at increased terms		Yes		No
		o, state circumstances.				
3.		riod of Insurance From:	To:			
4.	Ber					
		sel will be based:	_		_	
	(a)	Ashore when not in use?		Yes		No
	(b)	Afloat on moorings		Yes		No
		At: (if marina, state name. If not marina give details of type of mooring and precise location)				
		type of mooring and precise location)				
5.	Do	you require the vessel to be insured during any inland		Yes		No
	trar	nsits?				
		es, please give details				
6.		w and where will the vessel be protected in case of				
	hur	ricane warning?				

(a) Will vessel be lid up ashore out of commission for part of the year? Ves No (b) Give details and location where vessel will be stored whilst lid up and caretaking arrangements	7.	Laid up out of commission			
If so, please state dates (b) Give details and location where vessel will be stored while liad up and caratiking arrangements 8. Navigating Limits State Crucing Range required 9. Use of Vessel (a) Private pleasure only? (b) Do you have a full time professional master? (b) Do you have a full time professional master? (c) What accidents, incidents, losses or insurance claims, if any, have they been involved in during the past 5 years (c) Will any other person allowed to be in charge? (f) Will any other person allowed to be in charge? (g) Will he vessel be salied single handed? (h) Hull Details (a) Name of Vessel (a) Name of Vessel (b) Type/Class (c) Length Overall (d) Material of Hull (g) Length Overall (h) Material of Hull (k) Has the vessel proposed for insurance been subject to Vess i. Modification? (k) Manetaria of Hull (k) Manetaria of Hull (k) Manetaria of Aumber or Reg. Number (k) Has the vessel proposed for insurance been subject to Vess i. Modification? (k) Material of Hull <td></td> <td>(a) Will vessel be laid up ashore out of commission for part of</td> <td>🗌 Yes 🔲 No</td> <td></td>		(a) Will vessel be laid up ashore out of commission for part of	🗌 Yes 🔲 No		
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(c)Length(d)Identification/Serial No.(e)Manufacturer's Identification/Serial Number	15.		(b) Year Built		
(e) Manufacturer's Identification/Serial Number					
			(a) achtheaton/scharno.		
14. Details of any auxiliary outboard motors – not already shown above					
	14.	Details of any auxiliary outboard motors – not already shown a			

15. Details of Trailer							
(a) Manufacturer							
(c) Identification/Serial No.							
16. Schedule of Insurance							
	Value to be insured	Date Purchased	Purchase Price				
Hull & Equipment including Inboard Engine (if any)							
Outboard Motor(s) to Parent Vessel	Outboard Motor(s) to Parent Vessel						
Special Equipment – attach valued list							
Dinghy/Tender to Parent Vessel (N.B. must be permanently marked with name of Parent Vessel)							
Outboard Motor(s) to Dinghy/Tender							
Trailer							
Personal Effects (Max. \$500.00 insured unless higher figure requested)		Not Applicable	Not Applicable				
Total to be Insured		Not Applicable	Not Applicable				
17. Liability to Third Parties							
(a) Please state limit of indemnity required	\$						
(b) Do you require cover in respect of liability to and	d of water 🛛 🛛 Yes 🛛	No					
	skiers or persons engaged in similar water sports from						
	your boat? (Restricted limit may apply)						
18. Medical Payments Limit							
Please state higher limit if required (\$2,000.00 applies unless							
otherwise agreed)							
 Racing Risk Extension (if required for sailing vessels) Please state total new replacement value of sails, ma 	ists spars						
-	ists, spars,						
standing and running rigging 20. Do you wish to bear a voluntary deductible in addition to any Yes No							
compulsory deductible required by Trident Insurance?							
If so, please indicate the additional amount required.							
21. Any other information which is likely to influence Trident Insurance in regard to this proposal.							
Declaration							
I/We hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I/We have not withheld any information which is likely to influence the decision of Trident Insurance in regard to this proposal.							
Signing this form does not bind the Proposer to complete the Insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to Trident Insurance until this proposal has been accepted.							
Signature of Proposer Date							

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

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