

MARINE HULL PLEASURE CRAFT PROPOSAL FORM

NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

Completing the Proposal Form

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAK Insurance

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

1. GENERAL INFORMATION						
a)	*	Name of Applicant				
b)		Applicant's Address				
c)		Telephone Number of Applicant				
d)		Age of Applicant				
e)		Occupation				
f)		Is the vessel jointly owned? If yes, please answer below for all owners (use a separate sheet if required).	<input type="checkbox"/> Yes <input type="checkbox"/> No			
g)	*	Years of experience in this type of craft?	Skipper			
			Crew			
h)	*	Years of experience in general?	Skipper			
			Crew			
i)	*	Do you hold any marine qualifications? If Yes, please provide details of the qualification(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. VESSELS DETAILS						
a)	*	Name of vessel				
b)		Previous name of vessel				
c)	*	Type or class of vessel				
d)	*	Class Number				
e)	*	Builder's Name				
f)	*	Year built				
g)		Is the vessel a: If a conversion, by whom and when?	Conversion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Amateur build	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Amateur completion of partial professional build	<input type="checkbox"/> Yes <input type="checkbox"/> No		
h)		Method of construction? (wooden vessels only)				
i) * Please provide dimensions for the vessel as below						
		Length	Beam	Draft	Sail area	Material of hull
OA	WL					

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2. VESSEL DETAILS (contd.)	
j)	<p>* Is the vessel fitted with a proprietary alarm system or are any anti-theft precautions employed? If Yes, please provide details of the systems</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3. MACHINERY DETAILS	
a)	* Manufacturer
b)	Year of Manufacture
c)	* Number of engines
d)	* Horsepower of each engine
e)	Are the engines marine engines or conversions?
f)	What is the fuel used
g)	What is the designed speed of the vessel
h)	Please provide any details of outboard engines including serial numbers
i)	If the vessel has a design speed of more than 17 knots, with inboard engines, does the vessel have an automatic or remote control fire extinguisher system fitted in:
i.	Engine Room <input type="checkbox"/> Yes <input type="checkbox"/> No
ii.	Tank space <input type="checkbox"/> Yes <input type="checkbox"/> No
iii.	Galley <input type="checkbox"/> Yes <input type="checkbox"/> No
j)	Please provide location of all fire extinguishers
4. VESSEL USAGE	
a)	What cruising range is to be covered?
b)	<p>The vessel will be in commission for:</p> <p>Period _____ Months</p> <p>From _____</p> <p>To _____</p> <p>Moored at _____</p> <p style="text-align: right;"><input type="checkbox"/> Ashore <input type="checkbox"/> Marina <input type="checkbox"/> Afloat <input type="checkbox"/> Mud Berth</p>
c)	<p>The vessel will be laid up for</p> <p>Period _____ Months</p> <p>From _____</p> <p>To _____</p> <p>Laid up at _____</p> <p style="text-align: right;"><input type="checkbox"/> Ashore <input type="checkbox"/> Marina <input type="checkbox"/> Afloat <input type="checkbox"/> Mud Berth</p>
d)	* Is the vessel to be used for any purpose other than Private/Pleasure use? <input type="checkbox"/> Yes <input type="checkbox"/> No
e)	Is the vessel to be used for permanent residential purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
f)	Will the vessel be used for single handed sailing? <input type="checkbox"/> Yes <input type="checkbox"/> No

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4. VESSEL USAGE (contd.)				
g)	If gas is used: Is the bottle maintained in a self-draining cockpit locker? Is the delivery tubing copper or international standard armoured type?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. INSURANCE REQUIREMENTS AND LOSS HISTORY				
a) * Please provide details of the sums insured as below				
	Item	Sum Insured (current market value)	Price Paid	Date Purchased
	Hull, Machinery, Gear, Equipment			
	Tender/Dinghy			
	Outboard Motor			
	Trailer (Serial No. _____)			
	Other (specify)			
	Personal Effects			
	Total Sum Insured			
*The 'Price Paid' should exclude money spent since purchase in improving the vessel. FULL details of such expenditure should be provided if you wish that to be taken into account. If the 'Value to be Insured' is greater than the 'Price Paid' please provide details to justify any increase. STATE INDIVIDUAL ITEMS OF PERSONAL EFFECTS VALUED GREATER THAN AED 1,000 (OR EQUIVALENT) ON A SEPARATE SHEET STATE INDIVIDUAL HIGH VALUE ITEMS OF EQUIPMENT YOU WISH INSURERS TO BE AWARE OF				
b)	Do you wish to include liability to and of waterskiers? (only applicable to boats with a maximum designed speed in excess of 17 knots)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c)	Do you use the vessel for racing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide details.			
d)	Replacement cost of mast(s), spars, sails, standing and running rigging			
e)	Will the vessel be transported by road?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
f)	Do you have existing Marine Hull and/or liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide details of premium, cover and indemnity together with the insurer name			
g)	* Has any Insurance company ever:			
i.	Declined your proposal?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii.	Cancelled or refused to renew your policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii.	Required an increased premium or revised terms?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide details for each instance (please use a separate sheet if required)			



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h)	*	Please provide details of any claims made for the past 5 years. Please include all separate losses, and include self insured losses within compulsory deductibles.																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Year</th> <th style="width: 60%;">Description of Loss</th> <th style="width: 25%;">Amount of Loss</th> </tr> </thead> <tbody> <tr><td>20</td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td></tr> </tbody> </table>	Year	Description of Loss	Amount of Loss	20			20			20			20			20		
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6. FALSE INFORMATION																				
Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.																				
7. DECLARATION AND SIGNATURE																				
The undersigned declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.																				
Signed and Stamped	Authorised Representative	Date																		

For RAK Insurance Use Only:

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent: