

MARINE COMMERCIAL HULL PROPOSAL FORM

It is the duty of Insurer and their agents to disclose all material facts to insurers before the contract of insurance is concluded and any failure to do so entitles insurers to avoid the contract. Completion of this proposal form does not relieve the insured and their agents of this duty and it is essential that all material facts which are not included within the answers to the questions posed herein are disclosed to insurers in addition.

Vessel owner (ultimate beneficial owner)

Full **name**:

Full **address**:

If owner is a company state **date established**:

If owner is a company, please give the names of directors/partners:

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.....

Occupation:

Number of years as a vessel owner (give dates):

Number and types of vessels owned:

Ultimate **beneficial owners** (together with details of previous shipping history):

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.....

Details of vessels managed during past 5 years:

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MARINE COMMERCIAL HULL PROPOSAL FORM

Managing company

(Only to be completed where independent managers are employed)

Full **company name**:

Full **address**:

Date established:

Principals (together with details of any previous shipping company where senior position was held during past 5 years):

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Details of all vessels owned during past 5 years:

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Crewing policy

Are the vessel's **officers** employed directly or engaged through a crewing agency?

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If **crewing agency** is used please identify which agency:

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Are the vessel's **crew** employed directly or are they engaged through a crewing agency?

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MARINE COMMERCIAL HULL PROPOSAL FORM

Please provide details of/or any **general comments concerning employment policy** – training programmes:

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Language of communication (including operational manuals) between officers and crew:

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Are all officers and crew **fluent in this language**? If not, please provide further details:

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Please provide detail of the **current skipper** below:

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Please **state number** of Department of Transport certificate:

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Please provide a **certificate of service** and/or certificate of competency:

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Does he/she suffer from any **physical infirmity**? If so, please provide details:

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Number of years at sea:

MARINE COMMERCIAL HULL PROPOSAL FORM

Please provide details (including dates and amounts involved) of any casualties to vessel previously or **currently owned, chartered, skippered or managed:**

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Details of vessel to be insured

Vessel **name:** Vessel **type:**

Year **built:** Gross registered **tonnage:**

Flag: Whether **fully decked:**

Name of **builder:** **Material** of hull:

Length: **Beam:**

Designed **speed:**

Has the vessel ever been **converted**? If yes, please give detail:

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Date of **last overhaul:**

By **whom?** **Cost** of overhaul:

Details of overhaul:

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Details of machinery and equipment

Number of **engines:** **Horse power** (each engine):

Make and type: **Year** of manufacture:

Type of **fuel:** Date of **last examination:**

MARINE COMMERCIAL HULL PROPOSAL FORM

Name of **examiner**:

Brief outline of **examiners report**:

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Please give details of **any major alterations** to the vessel and/or its machinery and equipment since vessel was built:

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If the vessel is fitted with **special equipment** that is hired or leased please provide details:

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.....

State **value R**: **Lessor's name**:

If **nets and dinghies** are included in the insured value: R

Please state **present market value** of vessel: R

Date of last government **seaworthiness certificate**:

Date of **expiry**:

Is/Are the vessel(s) registered under the **Merchant Shipping Act** and have all regulations, including those regarding skipper and crew, been complied with?

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For what **purpose** will the vessel(s) be used?

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MARINE COMMERCIAL HULL PROPOSAL FORM

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If fishing, please state **type of fishing**?

Which is the vessel's **home port**?

Please give details of **moorings**:
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If the vessel(s) will be **laid up unemployed during the year** for periods of 30 consecutive days or more, please give approximate dates:

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Will the vessel(s) **be chartered**? If chartered, please state to whom:
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If chartered, please state whether the vessel(s) will be **under the management of charters or owners** (*if under management of charters, a further proposal form must be completed*):

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Details of **fire extinguishers** and **special equipment**

Please provide details of **fire extinguisher**:

Date **last examined**: Name of **examiner**:

Please specify any special equipment (radio, echo- sounder, direction or fish finder, etc.)
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MARINE COMMERCIAL HULL PROPOSAL FORM

General

Date vessel was purchased by proposer(s):

From whom purchased?

Purchase price of vessel (excluding nets, dinghies, goodwill fishing or site rights, finance charges and the like):
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Please specify **additional amounts spent** on vessel since purchase:
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.....
.....

Insurance

What **sum insured** is required? R

Hull and machinery: R

Please specify **equipment:** R

Increase value (if applicable): R

Nets and dinghies: R

What **navigation limits** are required?
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Please state **maximum distance** from coastline?

Is/Are the vessel(s) and/or machinery **mortgaged** in any way? If mortgaged, please state amount:
R

Name of mortgagee: **Period** of mortgagee:

Is the mortgagee to be named **in the policy as a co-insured**?
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MARINE COMMERCIAL HULL PROPOSAL FORM

Please give details of **previous or existing insurances** on the vessel(s) proposed:

Insurance company: **Sum insured** R

Navigation limits: Conditions:

Excess/Deductibles rate R

Please state the **loss record of all vessels** under present ownership of management for the past 5 years, including those of vessels subsequently sold, loss or changed management (NB Loss figures must include self-retained losses).

LOSSES BEFORE DEDUCTIBLES			
Year	Paid	Outstanding	Number of losses
1.			
2.			
3.			
4.			
5.			
TOTALS			

Please list individual losses contained in above figures that **exceed R50 000** before deductibles:

Vessel	Date	Amount	Details of loss

Other information

Please provide any other information that is likely to **influence the Insurers** in regard to this proposal.

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MARINE COMMERCIAL HULL PROPOSAL FORM

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 that is likely to influence the decision of the Insurers in regard to this proposal.

Signing this form does not bind the Proposer to complete the insurance but it is agreed that this form will be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.

Date:

Signature of **owner or authorised representative:**

Broker/Agent:

