

PRIVATE TRAILER CRAFT PROPOSAL 

THE INSURED

Have you been insured with Mariner before? Y N

How did you hear about us? Broker/Boat Club TradeMe Google from a Mariner Client Print Media

Other: _____ Broker: _____

Name: _____

Name (if jointly owned): _____

Residential Address: _____
 _____ Postcode: _____

Postal Address, (if different): _____

Home phone: _____ Mobile: _____ Business Phone: _____

Email: _____

(Note: Your renewal invitation will be emailed to this email address, if you wish to change at any stage please advise us.)

Occupation (Note: Director or Manager is not sufficient) _____

Boating Club: _____

PERIOD OF INSURANCE REQUIRED

From: _____ To: _____ at 4.00 pm New Zealand time.

FINANCE COMPANY / INTERESTED PARTY: (if applicable)

Name: _____ Nature of Interest: _____

Postal Address: _____

SECTION A: THE INSURED VESSEL

Has the vessel been advertised for sale during the past 12 months? Y N If Yes, at what price? \$ _____

Date Purchased: _____ Price Paid: \$ _____ Vessel Name: _____

Type of Vessel: Trailered Powerboat Trailer Yacht Beach Launched Catamaran/Trimaran
 Cabin Boat Jet Boat Sailing Dinghy
 Dinghy Other: _____

Make: _____ Model: _____

Year Built: _____ Construction Material: _____

Length: (m/ft) _____ Fire Extinguisher Kept on Board? Y N

TYPE OF PROPULSION:

Engine 1: Make _____ HP: _____ Year: _____ Serial No. _____

Fuel: Petrol Diesel Engine Type: Shaft Drive Outboard Sterndrive Jet

Engine 2: Make _____ HP: _____ Year: _____ Serial No. _____

Fuel: Petrol Diesel Engine Type: Shaft Drive Outboard Sterndrive Jet

OFFICE USE ONLY

CO: _____ FSL: _____ Excess: _____

U/W: _____ Date: _____ Racing Excess: _____

SECURITY: Your vessel and/or trailer, when unattended, must be protected with a locked, recognised security device.

Examples of recognised security devices can be found at www.marinemarine.co.nz

What type of security do you use? Cable Lock Coupling Lock Wheel Clamp

Other: _____

Trailer Registration Number: _____ Trailer Make: _____

Where is the vessel stored? Driveway Locked Garage Yard Other: _____

Usual Storage Address: _____

Alternative Location: _____

Is your boat ever stored in a drystack? Y N If a trailer yacht, do you require racing cover? Y N

Is your vessel/trailer craft ever moored on a swing mooring or left on a marina berth? Y N

Location: _____ Length of time: _____

INSURED AMOUNT

COVER REQUIRED:	SUM INSURED
Hull (including where applicable, spars, sails, engines, dinghy and other accessories that are normally sold with the vessel):	\$ _____
Trailer Value:	\$ _____
	TOTAL \$ _____

If the Sum insured is higher / lower that the price paid, and you have bought the boat less than 12 months ago, please advise where the difference lies: _____

If you leave the trailer sum insured blank, we will estimate it. This will be the maximum that will be paid in the event of a loss of your trailer. If you wish to revise this you must let us know in writing.

SECTION B: THIRD PARTY LEGAL LIABILITY INSURANCE

Cover for \$5,000,000 is included unless otherwise noted on your policy schedule.

PROPOSER AND OPERATOR DETAILS (include all who may operate the vessel)

1. Name: _____ Year of Birth: _____

Qualification(s) (if any): _____

Years of Experience: _____ Type of Vessel: Trailerboat Personal Watercraft Other: _____

2. Name: _____ Year of Birth: _____

Qualification(s) (if any): _____

Years of Experience: _____ Type of Vessel: Trailerboat Personal Watercraft Other: _____

3. Name: _____ Year of Birth: _____

Qualification(s) (if any): _____

Years of Experience: _____ Type of Vessel: Trailerboat Personal Watercraft Other: _____

DISCLOSURE

1. Have you or your family members, or any other person or entity to be covered by this insurance:

a) In the last 10 years:

- i. Suffered loss or damage exceeding \$1,000 to any vessel (whether insured or not)? Y N
- ii. Made a vessel insurance claim? Y N
- iii. Been subject to lawsuit or a legal liability claim? Y N
- iv. Been bankrupt, insolvent or ever entered into an arrangement with creditors? Y N
- v. Had a vessel repossessed? Y N

b) Ever:

- i. Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined? Y N
- ii. Engaged in any criminal activity or had any criminal convictions, acquittals or diversion or have any criminal prosecution pending? Y N

The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004

2. Is there any further information likely to affect this insurance? Y N

If you have answered 'Yes' to any of the above questions please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. Details should also include name of Insurance Company(s) where applicable.

3. Who was your boat insurance company previously? _____

IMPORTANT NOTICES AND DECLARATION

Mariner Marine Insurance Ltd. is an underwriting agent of Vero Insurance NZ Ltd.

Your duty of disclosure: Subject to the rights set out in the Criminal Records ('Clean Slate') Act, you are under a duty to disclose all material information to Mariner Marine Insurance whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Mariner Marine Insurance and/or Vero Insurance NZ Ltd avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Privacy Act 1993: This proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Mariner Marine Insurance, Building 6, 15 Accent Dr, East Tamaki, Auckland. Failure to provide any personal information requested may result in your application for insurance being declined. Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993.

I/We declare that:

1. Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Mariner Marine Insurance.
2. This proposal shall be the basis of the contract between us/me and Vero Insurance NZ Ltd, and I am/we are willing to accept cover subject to Mariner Marine Insurance policy terms, conditions, exclusions and any special terms they may require.
3. The sum insured represents the current market value of the property to be insured.
4. I/We are fully authorised to complete and sign this proposal on behalf of the person/s named in the proposal.

I/We authorise:

1. Mariner Marine Insurance and Vero Insurance NZ Ltd to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claims(s) made by me/us.
2. Mariner Marine Insurance to use my/our personal information to advise me/us of Mariner Marine Insurance's products and/or services.

I/We undertake to inform Mariner Marine Insurance immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

Name of Proposer: _____ Signature: _____ Date: _____

TRAILER CRAFT POLICY BENEFITS

COVER INCLUDES:

- Sudden accidental physical loss or damage.
- Agreed value single sum insured on the vessel which includes, where applicable, spars, sails, machinery, tender, outboards, trailer, equipment and other accessories that would normally be sold with the craft.
- Navigation limits up to 200 nautical miles from North and South Islands of New Zealand including transportation and storage on land.

AUTOMATIC EXTENSIONS INCLUDE:

- Automatic additions and deletions clause for items bought and sold for the vessel
- Emergency towing costs following a breakdown up to \$2,000 per year.
- Crew rescue costs up to \$10,000.
- Reimbursement of temporary accommodation costs up to \$1,000 following an accident to your vessel.
- Personal effects, your own or guests whilst aboard your vessel and not otherwise insured. Up to \$1,000.
- Reimbursement of costs up to \$1,000 for replenishing, refilling or replacing fire extinguishers and/or safety flares used during an incident giving rise to an admitted claim.
- Reimbursement of costs, up to 25% of the sum insured, incurred in preventing or attempting to prevent loss or damage.
- Medical expenses up to \$2,000 incurred as a result of an accident to any person while in, upon boarding or leaving your vessel.
- Items purchased for the vessel during any one period of insurance automatically covered up to \$25,000 in respect of moored vessels.
- Lump sum payment of \$10,000 in total for the accidental death of the insured/s as a result of bodily injury whilst aboard the vessel.
- Legal liability arising from the ownership or use of the vessel up to \$5,000,000.
- Punitive or exemplary damages \$250,000.
- General damages for mental injury \$250,000.
- With our prior approval legal costs up to \$10,000 should you or your vessel be involved or implicated in a maritime accident which is the subject of a MSA, TAIC or Coroner's inquiry.

OPTIONAL EXTENSIONS INCLUDE:

- Full racing cover for yachts

This is a resume only and full details are contained in the policy conditions.

PAYMENT OPTIONS

CHEQUE: If you wish to pay by cheque, please attach your cheque to this completed proposal and mail back. We can confirm cover pending receipt if you wish us to do so.

DIRECT CREDIT: Please make certain the reference 'Boat Name' and your 'Surname' are entered into the payee reference fields.
Our Bank Account: ASB Bank: 12-3237-0022105-00

CREDIT CARD: We accept Visa and Mastercard. Please note that your premium will attract a 2% surcharge if you wish to pay via Credit Card, please complete the section below.

INSTALLMENT: Please call the office to discuss installment options.

*NOTE: Despatch of payment or transmission of Credit Card details does not constitute our acceptance of cover.
Written confirmation of cover will be despatched confirming inception date.*

CREDIT CARD DETAILS

Please charge my credit card: Mastercard VISA

Card Number:

Name on Card: _____

Payment on Behalf of: _____

Card Expiry: _____ Amount: \$ _____

Cardholders Signature: _____ Contact Phone: _____

