

SMALL CRAFT INSURANCE PROPOSAL FORM

For Small Craft not exceeding 23' or 7 metres used only for PRIVATE PLEASURE PURPOSES

Please write in BLOCK LETTERS and tick correct answer boxes.

Please remember to sign the Declaration at the end of the form.

Quote number

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1 General details

Full name of proposer

Title: Mr, Mrs, Miss Age

Forenames

Surname

Name of any joint owner

Occupation in full

Nature of business

Full postal address

Post code

Telephone Daytime Evening

Mobile number

E-mail address

Day Month Year

Date insurance required from

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid, unless otherwise agreed)

3 Details of motor

Does the craft have an Inboard Motor? Yes No

If Yes, please state horsepower

Is the craft fitted with automatic fire extinguishers in the engine compartment? Yes No

Does the craft have an Outboard Motor? Yes No

If Yes, please give details below

Make/Model	Serial Number	Year of Manufacture	Horse-Power
(1)			
(2)			

4 Value of items to be insured

Present Value of Craft (excluding items below) £

Present Market Value of each Outboard Motor

(1) £ (2) £ Total £

Present Value of Trailer £

Present Value of Trolley £

Present Value of Tender £

Value of Personal Effects stored on board (only covered if your vessel has lockable overnight accommodation) £

Total value to be insured £

2 Details of the Craft

Type of Craft

Racing Dinghy Sailboard Speedboat

Catamaran Other Small Craft

Length feet inches

If Racing Dinghy please state Class

and Sail Number

If Other Small Craft please state type

Builder

State maximum designed speed of craft

knots or m.p.h.

Purchase Details

	Date of Purchase	Price Paid
Craft	<input type="text"/>	£ <input type="text"/>
Trailer	<input type="text"/>	£ <input type="text"/>
Trolley	<input type="text"/>	£ <input type="text"/>
Outboard Motor	<input type="text"/>	£ <input type="text"/>

5 Location of the Craft

Is the Craft kept ashore at all times when unattended? Yes No

If Yes, please give details of where and how stored

If No and craft is over 18', please give full details of where and how moored

and will be so moored (inclusive dates)

from to

throughout the period of the Policy

Type of mooring Pontoon Swinging Other type

6 Experience

Please advise of number of years experience in charge of a similar size and type of craft

Number of years

Please give details of any relevant qualifications you hold

7 Claims experience

Have any accidents or losses occurred in the past 3 years in connection with any craft owned or sailed by you?

Please answer Yes No

If yes, please give date and amount of each accident or loss

Date	Amount	Details

8 Finance Interest

Does any finance company have an interest in the craft to be insured? Yes No

If Yes, please give Name, address and agreement number

9 Name of present or previous insurer

10 General questions

Have any other Insurer at any time refused to insure you, imposed special terms or requested extra precautions? Yes No

If Yes, please attach a note giving full details

Have you or any other interested party ever been convicted of a criminal offence which may affect the assessment of this risk? Yes No

If Yes, please attach a note giving full details

Are there any other material facts you should disclose? Yes No

If Yes, please attach a note giving full details

Important notes & declaration (signing this form does not bind the proposer to complete the insurance)

In selecting insurance for your vessel, you will need to choose a level of maritime cover from a range of Navigators & General products in accordance with your requirements. Whilst making this decision, you will not receive a personal recommendation from Navigators & General products in accordance with your requirements.

Cover is shown in your copy of our policy wording plus additional or excluded cover is endorsed on the reverse of your policy schedule.

Information you should provide

You must tell us if any of the information on which this insurance is based changes. Failure to do so may result in your insurance no longer being valid and claims not met. If in doubt about any change, please tell us. If your policy is amended as a result of any change, we will be entitled to vary the premium and terms for the rest of the period of insurance. You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance.

Our right of renewal

Our right to renew this policy does not affect your cancellation rights detailed on your copy of the policy. If you pay the premium to us using our Direct Debit instalment scheme we will have the right (which we may choose not to exercise) to renew the policy each year and continue to collect premiums using this method. We may vary the terms of the policy (including the premium) at renewal. If you decide that you do not want us to renew the policy, provided you tell us before the next renewal date, we will not renew it.

Cancellation rights

If you decide that you do not want to accept the policy (or any subsequent renewal of the policy by us), please return it to us (or your insurance intermediary) together with the Certificate of Insurance using the contact details provided on the covering letter within 14 days of receiving it (or for renewals, within 14 days of your policy renewal date). We will only charge you on a pro rata basis for the time we have been on cover subject to a minimum premium of £25 (plus insurance premium tax). The balance of the premium will be returned to you. If you cancel your policy later than 14 days from receiving it we will give you a refund in proportion to the time left until your current period of insurance is due to run out, subject to a minimum premium of £25 (plus insurance premium tax).

Please note that no cancellation refund will be allowed if a Total Loss claim settlement has been paid or is in negotiation.

Data Protection – Zurich Insurance plc holds your details in accordance with the Data Protection Act 1998

In order to administer your insurance policy and any claims made against the policy, Zurich Insurance plc may share personal data provided to us with other companies within the Zurich Financial Services Group and with business partners, including overseas companies. If we do transfer your personal data, we make sure that it is appropriately protected.

Unless you have advised us otherwise we may share personal data that you provide within the Zurich Financial Services Group and with other companies that we establish commercial links with so we and they may contact you (by mail, email, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you. If you do not wish us to do this please advise us accordingly by ticking this box .

Governing law/Communication Language

Your policy is governed by the law that applies to where you reside within the United Kingdom. If there is any disagreement about which law applies, English law will apply. Unless agreed otherwise, we will communicate to you in English.

If you would like to request a policy document, please call us or write and we will arrange for this to be sent out to you, alternatively a copy can be downloaded from our website:

Navigators & General
PO Box 848, Brighton BN1 3GQ.
Tel: 01273 863400 Fax: 01273 863401
www.navandgen.co.uk

Declaration (Signing this form does not bind the proposer to complete the insurance)

I declare that to the best of my knowledge and belief the information given on this form is true in every respect.
 I also declare that if anything on this form was written by another person he or she acted as my agent for this purpose.

Signature of Proposer(s) – Where there is joint ownership, all co-owners must sign this proposal.

Signed	1)	2)
Date	1)	2)