

# SMALL WATERCRAFT INSURANCE PROPOSAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO  
UNITY INSURANCE SERVICES

Name of Unit, District, other \_\_\_\_\_

Guide County \_\_\_\_\_

**Canoes and craft up to 24ft/7.31m in length**  
(maximum £2,500 any one craft)

Insured value £ \_\_\_\_\_

Are any of the Vessels, Jet Skis, Kite surfers, Speedboats, Multihulls?

Yes  No

Are any crafts powered by an engine of more than 50HP?

Yes  No

Outboard Motors Maximum £500 any one outboard motor	Outboard 1	Outboard 2	Outboard 3	Outboard 4
Make				
Year made				
BHP				
Serial number				
Insured value	£	£	£	£

**Accessories and equipment**

i.e. lifejackets, paddles, helmets not allocated to a specific craft or vessel

Insured value £ \_\_\_\_\_

**Sailboards**

(maximum £500 any one sailboard)

Insured value £ \_\_\_\_\_

IF VESSELS ARE IN EXCESS OF THESE LIMITS, PLEASE CONTACT UNITY INSURANCE SERVICES FOR ADVICE

Cover required Annual  Short Term  From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date from which cover is required \_\_\_\_\_ (this cover can be renewed annually)

**PREVIOUS INSURANCE INFORMATION**

Have any losses occurred? Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any Insurer: Declined to insure Yes  No  Declined to renew Yes  No

Quoted special terms and conditions Yes  No  Sought to impose an increase in premium? Yes  No

If you have answered yes to any of the above, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### DECLARATION

I/We agree that this proposal and declaration and any particulars given separately shall form the basis of the contract.

Signature of first contact \_\_\_\_\_ Date \_\_\_\_\_

Name of first contact \_\_\_\_\_ Name of second contact \_\_\_\_\_

Guide Appointment \_\_\_\_\_ Guide Appointment \_\_\_\_\_

Applicants Address \_\_\_\_\_ Applicants Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Daytime number \_\_\_\_\_ Daytime number \_\_\_\_\_

Mobile number \_\_\_\_\_ Mobile number \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_