

Motoryacht Proposal Form

Underwritten by Mutual and Federal Insurance

To be completed in full

Full Name of Proposer: _____ I.D. # _____

Occupation: _____ Your Yacht Clubs _____

Postal Address: _____ Code: _____

Residential Address: _____ Code: _____

Telephone: (H) _____ (B) _____ Cell: _____

Fax: _____ e-mail _____

1. Are you the sole owner of the vessel?: YES NO If no, give details: _____

2. Give details of skipper if other than the insured: _____ Qualifications _____

3. What boat accidents/or casualties and/or claims have you had over last 5 years? _____

4. Have you had any insurance for any vessel declined or cancelled by insurance company YES NO

If so, please give details: _____

5. Is this craft subject to hire purchase YES NO If so with whom? _____

6. Date insurance required from: _____

PARTICULARS OF VESSEL:

Name	Type or Class	Price Paid	Year Built
Builder's Name	Hull or Sail No.	Beam	Length OA
Construction Material	No. & Type of Fire Extinguishers :		
	TOTAL VALUE: R		

DETAILS OF USE:

Will the vessel be used for private pleasure purposes only? YES NO . If no, for what purpose will the vessel be used, e.g. Skipper Charter/Demonstration, etc.

What cruising range beyond South African coastal waters is required? _____

Where is the vessel usually moored? _____

DETAILS OF DINGHY AND TRAILER

	Manufacturer	Year of Manufacture	
Dinghy / Life raft			R
Trailer			R
SUB TOTAL			R

A: DETAILS OF MOTORS: (New Replacement Value for motors up to Four years old)					
	Make	Horsepower	Serial no.	Year of Manufacture	Sum Insured
Inboard 1					R
Inboard 2					R
Outboard					R
SUB TOTAL					R

B: ELECTRONICS: e.g. Fishfinder, Radar, GPS (New Replacement Value)		
Manufacturer	Type	Sum Insured
		R
		R
		R
		R
SUB TOTAL		R

C: SAFETY EQUIPMENT: e.g. CASA Cat. 3, Liferaft, EPIRB (New Replacement Value)		
	R	
	R	
SUB TOTAL		R

D. PERSONAL EFFECTS (New Replacement Value)	
Boating equipment which would not be sold with the vessel e.g. Binoculars, Heavy Weather Gear, Diving and Fishing Equipment, etc. All articles over R500 should be listed below.	
	SUB TOTAL
R	R
R	R
R	R

TOTAL SUM INSURED: R _____

Premiums can be paid monthly through a Bank Cheque or Savings Account and or Annually. The debit order will come off your account on the 1st working day of every month

Name of Bank		Branch	
Type of Account		Account Number	
Branch Code		(Bank current accounts only—see top right hand corner of cheque)	
Name of Account Holder		Signature	

Club Fee – There is an automatic R 20.00 per month included in premium for Club Care benefits.
 NOTE: By signing this form you appoint Club Marine Insurance as your broker for the risks as laid out by this proposal. Club Membership

DECLARATION OF PROPOSER:

I declare that the above particulars and answers are correct and complete in every respect and that I have not withheld any information which might influence the decisions of the Underwriter in regard to the proposal and I agree that this Proposal and declaration shall form the basis of the contract of insurance between me and the Underwriter, if a policy is issued.

SIGNED: _____ **DATE:** _____

The Company reserves the right to decline this Insurance

Authorised Financial Service Provider – FSB Licence no. 4430

