

PLEASURE CRAFT INSURANCE APPLICATION

| | | | | | |
|--------------|--|-----------------|--|-----------|--|
| Broker/Agent | | Proposal Number | | Policy No | |
|--------------|--|-----------------|--|-----------|--|

| THE APPLICANT(S) | |
|--|---|
| Name(s) in full | <div style="text-align: right; margin-bottom: 5px;">Phone</div> <div style="text-align: right;">Fax</div> |
| Postal Address | <div style="text-align: right; margin-top: 10px;">Province</div> |
| Other Interested Parties (eg Mortgagees or Lessors) | <div style="text-align: right;">Type of Interest</div> <hr style="border-top: 1px dashed black;"/> |
| Name and Address | <div style="text-align: right;">Province</div> |
| Period of Insurance | From _____ to _____ at 4 pm |

| GENERAL INFORMATION | | |
|---|--|---------------------------------|
| | Please ✓ | (If "Yes" provide full details) |
| a Have you (in the past five years) | | |
| 1) made any claim(s) on any insurer or loss damage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2) had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3) suffered any loss or damage which would have been covered by the proposed insurance policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b Have you or any partner(s), shareholder(s) or director(s) of the business | | |
| 1) ever been declared bankrupt | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2) ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3) been convicted of a criminal offence | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4) been liable for any civil offence or pecuniary penalty (exceeding K5,000)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DETAILS OF VESSEL

| | |
|--|--|
| Name of Vessel | |
| Registration No: | |
| Tonnage (GRT) | |
| Length | |
| Bream | |
| Length | |
| Beam | |
| Draught | |
| Type of Vessel | |
| Age of Vessel | |
| Construction Material of Hull | |
| Builders | |
| Are the Builders Professionals <input type="checkbox"/> or Amateurs <input type="checkbox"/> | |
| Where was the Vessel Built? | |
| Details of Motors/Engine(s) Type | |
| Serial No: | |
| Date of Manufacture | |
| Maximum Design Speed | |
| Type of Fuel | |
| Quantities Stored | |
| Above or Below Deck | |
| Number and Type of Extinguishers | |

COVERS REQUIRED

| | |
|---|--|
| Value of Hull and Fittings | K |
| Machinery Outboard Motor(s) | K |
| Dinghy | K |
| Boat Trailer | K |
| Total | K |
| NB: a) Hull includes Safety Equipment | |
| b) Machinery includes Pumps, Generators, Auxiliary Engines, Outboard Motors, etc | |
| Amount of Third Party Protection and Indemnity Liability required | K |
| Do you require Third Party Liability to or incurred by water skiers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Loss or damage in respect of trailer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NB: No Third Party Liability in respect of trailer | |

IMPORTANT INFORMATION

| |
|---|
| What experience have you had in handling of this and/or other type of small vessel? |
| Will vessel be used for private pleasure purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "No" please give full details of use: Cruising Limits: |
| Where is vessel normally moored? |
| Laid up ashore |
| Will vessel tow water skiers? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of last Hull Survey: _____ [copy of last Survey Report must be attached to the Application] |
| Date Vessel Purchased |
| Purchase Price |
| Present Sound Market Value |
| Nature and cost of repairs, replacements, alterations during last 12 months |

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably expected to know is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty is not limited by us asking General Information questions a) 1, 2, 3 and b) 1,2,3,4

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding your contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

SIGNATURE AND DECLARATION

- 1 The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer have been read by me/us.
- 2 All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 3 I/We acknowledge you reserve the right to decline any application
- 4 I/We give Pacific Assurance Group the authority to contact my previous insurers and obtain policy and claims details.

Applicant's Signature

Applicant's Title

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OFFICE USE ONLY

Underwriting Department

Acceptance Notes

Valuation Needed

Reinsurance Needed

Initials

Dated

Policy Form

Extension Clauses

| | | | |
|--|----------------------|-----------------|--|
| | EXCESS TO APPLY | Standard Excess | |
| | | Other Excess | |
| | Premium | | |
| | Stamp Duty | | |
| | IC Levy | | |
| | VAT | | |
| | TOTAL PREMIUM | | |

EDP Dept.

Proposal Code

Entered By

Date Entered