



Club Marine Insurance Brokers cc is an Authorised Financial Services Provider | All Rights Reserved | Terms & Conditions Apply | CK 2003/096555/23 | VAT 4750214969

CHARTER/COMMERCIAL VESSEL NEEDS ANALYSIS (PROPOSAL FORM)

Please Note: Failure to disclose all material information which is likely to influence the acceptance of the risk and terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

PERSONAL AND COMPANY INFORMATION

Full name: ID no: Age:

Company name: Company Registration No:

Nationality of owner: Home tel: Fax:

Physical address: Mobile tel: Work tel:

Post code: E-mail:

Postal address: Are you the sole owner of the vessel? **Y** **N** If no, give full details below:

Post code: Details:

Occupation:

ADDITIONAL INFORMATION

Purchase date of vessel: Inception date of this policy: Purchase price: R

Monthly or Annual Premium: Vessel purchased (private/dealer):

Is the vessel financed? **Y** **N** Institution: Navigational limits:

What type of charter operation will the vessel be used for? State purpose:

Will the vessel be used for racing? (Professional or Fun Day): **Y** **N** Country of registration/flag:

Name and Qualifications of skipper: Will the vessel be surf launched? **Y** **N**

No. of years as skipper of this type of vessel: No. of years as crew on this type of vessel: How many crew onboard vessel:

Are you a member of a boating association/club? Give details: Max number of passengers vessel licensed to carry?:

DECLARATIONS

If you answer "YES" to any of the following questions, please submit full details on a separate page or on notes tab on page 3.

- Have you previously insured your vessel? **Y** **N** If Yes, please state institution:
- Have you had any insurance declined, cancelled or renewed under restricted terms by an insurer, if so who? **Y** **N**
- Have you, or any person using your craft ever been convicted of any offence involving dishonesty of any kind? (i.e. fraud, theft, smuggling, robbery, arson, etc.) **Y** **N**
- Have you or any person operating the vessel ever suffered from diabetes, epilepsy, heart condition, mental or physical disability, infirmity/disease, drug control conditions? **Y** **N**
- Type of mooring: (Please advise broker should this change permanently)
- What security measures are in place to protect your vessel?
- If afloat on moorings, please state the name / location of the Marina:
- Are the moorings professionally laid, maintained and secured? **Y** **N** Details:
- Claims history (WATERCRAFT ONLY) - Have you had any accidents, losses or insurance claims during the past 5 years? **Y** **N**
 If yes, provide full details. Failure to fully disclose information may lead to repudiation of any claims submitted by you or your family under this policy.

Signature of Proposer: _____



SCHEDULE OF INSURANCE

It is the sole responsibility of the proposer to ensure values stated herein are accurate, the broker is not qualified to offer a valuation service.

A: VESSEL DETAILS		NOTE: The Sums insured for the Vessel must represent - New Replacement Value 1 - 4 years / Market Value 4 years +		
Type or model:	<input type="text"/>	Length vessel:	<input type="text"/>	SUM INSURED: Hull value: <input style="width: 80%;" type="text" value="R"/>
Builders name:	<input type="text"/>	Gross tonnage:	<input type="text"/>	Mast value: <input style="width: 80%;" type="text" value="R"/>
Vessel name:	<input type="text"/>	Harbour registered?:	<input type="text"/>	Spars value: <input style="width: 80%;" type="text" value="R"/>
Hull/sail no:	<input type="text"/>	Year manufactured:	<input type="text"/>	Sails value: <input style="width: 80%;" type="text" value="R"/>
Class of vessel:	<input type="text"/>	Construction material:	<input type="text"/>	Rigging value: <input style="width: 80%;" type="text" value="R"/>
B: ENGINE/MOTOR DETAILS		NOTE: The Sums insured for the Motor/s must represent - New Replacement Value 1 - 4 years / Market Value 4 years +		
	MANUFACTURER:	HP:	AGE:	SERIAL NO:
Inboard 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inboard 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outboard 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outboard 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Max speed:	<input type="text"/>	Type of fuel: Petrol Diesel		
Number and type of fire extinguishers: <input type="text"/>		How often are engines serviced? <input type="text"/>		
C: DINGHY/LIFE RAFT AND TRAILER		NOTE: The Sum insured for the Trailer must represent - New Replacement Value		
				SUM INSURED:
Trailer manufacturer:	<input type="text"/>	Age:	<input type="text"/>	Reg/chassis no: <input type="text"/>
Dinghy make:	<input type="text"/>	Age:	<input type="text"/>	<input type="text"/>
State how life raft and trailer are immobilised: <input style="width: 100%;" type="text"/>				
D: ELECTRONIC/NAVIGATION EQUIPMENT		NOTE: Equipment must be itemised individually & insured at the NEW REPLACEMENT VALUE		
	DESCRIPTION:	SERIAL NUMBER:	AGE:	SUM INSURED:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
E: PERSONAL EFFECTS AND SAFETY EQUIPMENT		NOTE: Equipment must be itemised individually & insured at the NEW REPLACEMENT VALUE		
New replacement value - i.e. boating equipment not normally sold with the vessel e.g. binoculars, nautical books, sporting equipment, clothing, wet weather gear, portable electronic equipment. All items must be specified - attach a list if you need additional space.				
	DESCRIPTION:	SERIAL NUMBER:	AGE:	SUM INSURED:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 80%;" type="text" value="R"/>
TOTAL (SECTION A, B, C, D AND E ABOVE)				<input style="width: 80%;" type="text" value="R"/>

Signature of Proposer: _____



SCHEDULE OF INSURANCE

ADDITIONAL BENEFITS

1. Standard Liability automatically included of R5Million. Extend Liability Limit to R20Million. **Y N**
2. SASRIA is automatically included, unless vessel is permanently based abroad. Riot and strike cover by the South African Special Risks Insurance Association Reg. No. 79/99287/08.

BROKERS SERVICES AND FEE CONSENT

Club Marine provides various services in relation to your short-term insurance policy for, or on behalf of yourself, or on behalf of an insurer, or for acting as an intermediary. For these services Club Marine is remunerated by way of commission and fees which are either paid by the insurer or yourself.

Any commission and fees received are paid in terms of applicable legislation and will always be disclosed to you and are itemised on your current policy schedule. You may also object to these fees coupled with the services and benefits.

The additional services we perform are itemised as follows:

Premium accounts - collection, payments, queries, refunds, RD's. | Loss control advice | Facilitate alternative claim quotes for clients or insurers | Assist with SAMSA regulatory requirements | Attend Maritime shows country-wide to offer product training | Assist with claim formulation | Assist with uninsured losses | Arrange salvage collection | Provide risk management advice | Claim negotiation and motivation with insurers | Claim progress feedback with repairers and insurers | Insurer complaints facilitation | Assist with non-insurance VAP | Marketing newsletters with updates on relevant regulations and trends.

For the additional services set out above, Club Marine charges a fee of up to 15% (percent) calculated as a percentage of gross premium. This fee is inclusive of VAT. The broker fee will be charged for as long as the policy is active. The fee above already forms part of your existing premium, therefore there is no increase or change to your current premium.

Signature of Proposer: _____

BANKING DETAILS

A Debit Order will be processed from your account in advance on the 1st working day of every month.

The reference on your bank statement will reflect Club Marine and the Financial Provider with authority to collect the premium is Fulcrum.

Name of Bank: Account No:
Type of Account: Branch Code:
Branch Name: Name of Account Holder:

Signature of Proposer: _____

DECLARATION OF THE PROPOSER

NOTE: By signing this form you appoint Club Marine Insurance as your Broker for the risks as laid out by this proposal.

I hereby declare that the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I undertake to exercise all ordinary and reasonable precautions for the safety of the property i.e. moveable items to be locked away when not in use when the boat is stored.

I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my agent for the purpose, and I agree that this declaration and the answers given above shall be the basis of the contract between me and the Company, and I further agree to accept a Policy subject to the usual conditions prescribed by the Company and endorsed on their Policy, and to pay the premium thereunder when called upon to do so. It is my sole responsibility to ensure that the funds are available for premium collection, if the account reflects insufficient funds, stopped payment or account closed the policy will automatically be cancelled unless prior arrangements have been made and accepted.

Signing this form does not bind the Insurer to effect this insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted. By my signature hereto I agree to have my bank account debited as per banking details completed above on the first day of each month for the full amount due in respect of this policy as per the policy schedule (ONLY APPLICABLE IF MONTHLY POLICY).

Date: _____ Signature of Proposer: _____

The Company reserves the right to decline this Insurance

CLUB MARINE INSURANCE IS AN ACCREDITED INSURANCE BROKER AND AN AUTHORISED FINANCIAL SERVICES PROVIDER FSP NO. 4430 ALL RIGHTS RESERVED / TERMS & CONDITIONS APPLY.

