

Proposal Form for Pleasurecraft

PLEASE NOTE: This Proposal Form should be completed for Pleasurecraft only. If the vessel is used commercially it may be insured provided that it is used for pleasure purposes only (eg. Sail & Dive Charter, Day Excursions). If the vessel is used for other commercial purposes (eg. passenger ferry) please ask QBE or your agent / broker for details of our commercial marine policy.

Name of Agent / Broker (where applicable)

SECTION 1 - THE PROPOSER

Name of Proposer

Postal Address

.....

.....

Tel. No. Fax No. E-mail

Nationality Occupation Date of Birth (or if company, date established)

Have you, or any person who will take charge of the vessel, or any other person with a financial interest in the vessel:-

a) Ever had any insurances refused or cancelled? No Yes

If Yes, please detail

b) Suffered any accidents or losses in the last 5 years? No Yes

If Yes, please detail

c) Been charged or convicted of any offence in the last 5 years? No Yes

If Yes, please detail

SECTION 2 - HULL & ENGINES

Vessel Name No. of Engines

Country of Registration Make / Model

Reg. No. Serial No(s)

Date of Purchase Inboard

Purchase Price Outboard

Date Last Surveyed Jet

Power or Sail Sterndrive

Make / Model Other (details)

Year of Construction Turbo:- No Yes

Construction Material Power (HP)

Length (ft.) Cruising Speed (knts.)

Beam (ft) Topspeed (knts)

Draft(ft.) Fuel Capacity (litres)

Fuel: Diesel Gasoline

If power boat, is vessel fitted with stabilisers? No Yes

SECTION 3 - SAILS & RIGGING

Type Of Rigging (eg. sloop) Rigging: Wire Rod Other No. of Spreaders.....
 Type Of Mainmast: Masthead Fractional Construction Material
 Please list all sails carried onboard:

 Is vessel fitted with centre-board or lifting keel? No Yes

SECTION 4 - EQUIPMENT

Please indicate which of items of equipment are fitted or carried aboard and give details where requested:

VHF	<input type="checkbox"/>	Lifejackets (no.)	.....
Depth Sounder	<input type="checkbox"/>	Safety Harnesses (no.)	.....
SSB	<input type="checkbox"/>	Lifebuoys (no.)	.....
Inmarsat	<input type="checkbox"/>	Smoke/Heat Detectors (no.)	.....
Auto Pilot	<input type="checkbox"/>	Flares (Type, No. and Expiry Date)	.....
Compasses	<input type="checkbox"/>	Liferaft (Type, Capacity & Expiry Date)	.....
GPS	<input type="checkbox"/>	Fire Extinguishers (No., Auto/ Manual, Expiry Date)	.....
Radar Reflector	<input type="checkbox"/>	Tender / Outboard (Details)	.....
Emergency Positioning Beacon	<input type="checkbox"/>	Other(details)	.....
First Aid Kit	<input type="checkbox"/>

SECTION 5 - COASTAL OPERATION (within 100 nautical miles of Thai Coast)

Name of Person(s) who will Skipper the vessel	Age	No. Years Experience	Qualifications / Completed Sailing Courses
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Where is vessel normally based? Is this: Marina Berth Fixed Mooring At Anchor
 Vessel's Main Navigation Area (eg. West Coast Thailand, Gulf of Thailand)

SECTION 6 - OFFSHORE OPERATION (outside Thailand and/or more than 100 nautical miles off Thai Coast)

Name	Age	Position (eg. crew)	Years Experience	Qualifications / Completed Courses
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List previous offshore passages or ocean crossings undertaken by:

- a) Skipper
- b) Vessel

Please give details of intended voyages :

Navigation Area Country, Islands:	Est. Voyages per year	Max. days / nights at sea any one voyage	Proposed Mooring at Destination
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SECTION 7 - RACING

If Club Racing, state name of Yacht Club:

Specified Races / Regattas - Please give details:

Name of Race / Regatta	Location	Proposed dates	Max. Length (NM) any leg
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.....

Please give details of previous racing undertaken by

- a) Skipper:
- b) Vessel:

SECTION 8 - COMMERCIAL USE

Nature Of Use:	How many of the following are supplied by you:
Bareboat Charter <input type="checkbox"/>	Skipper
Skippered Charter <input type="checkbox"/>	Engineer
Day Excursions <input type="checkbox"/>	Chef / Cook
Other (details) <input type="checkbox"/>	Crew
Do you prepare or supply Food & Drink? No <input type="checkbox"/> Yes <input type="checkbox"/>	Certified Sailing / Dive Instructors
	Certified First Aid / Medic
	Other (no. & details)

For Any one Voyage: Maximum No. of Paying Passengers Maximum No. of Days/Nights at sea

SECTION 9 - LAY-UP

If the vessel is laid-up for part of the year, we will continue to provide insurance cover against fire, theft and accidental damage and a premium discount will be allowed in view of the reduced cover

Lay-Up Location: Is this: Ashore or Afloat at: Marina Fixed Mooring Anchor

Lay-Up Months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

SECTION 10 - INSURANCE COVER

Do you require cover to include:

- Inland Transit Insurance (For Trailer Sailers) No Yes
- Water Skiers Liability Insurance No Yes
- Food & Drink Liability Insurance No Yes
- Compulsory Passenger Insurance (Required for Commercially Used Vessels only) No Yes

Please read the notes accompanying this Application Form before selecting the policy currency and entering the levels of coverage required in the box below.

CURRENCY : Thai Baht US\$ (United States Dollars)

<u>COVERAGE</u>	<u>SUM TO BE INSURED</u>
1) VESSEL COVER	.....
a) Hull	a)
b) Engines	b)
c) Masts, Spars, Rigging, Sails	c)
d) Equipment	d)
e) Tender & Outboard	e)
f) Trailer	f)
2) THIRD PARTY LIABILITY	.....
3) DEATH & DISABILITY BENEFIT	
a) Limit Any One Person	a)
b) Limit for Policy Period	b)
4) PERSONAL EFFECTS	.....
5) COMPULSORY PASSENGER INSURANCE	QBE will automatically set the sum insured according to the current statutory limits

SECTION 11 - DECLARATION

The Information and answers provided by me / us in this Application are true and correct and will be relied upon by the Insurer in deciding whether to provide insurance cover and if so upon what terms.

Signature Date