

# AVIVA SAILPLAN Inland Waterways PROPOSAL FORM

|  |               |
|--|---------------|
| Full name of Proposer<br>Mr/Mrs/Miss/Ms/Dr |               |
| Address                                    |               |
|  |               |
| Postcode                                   | Telephone No: |
| Occupation                                 | Date of Birth |

**A. Particulars of Vessel (please attach a photograph of vessel if possible)**

|                |                  |            |
|----------------|------------------|------------|
| Name of Vessel | Type/Class/Model | Serial No: |
|----------------|------------------|------------|

Length overall  Beam  Hull Material

Was the vessel built by Amateur  Professional  Professional kit

Builders name  Year of build

Where is the vessel registered?

If amateur built or 20 years old or over, this proposal must be accompanied by a Full Condition Survey & Valuation Report or a valid Inland Waterways Boat Safety Certificate / Certificate of Compliance

Date of Purchase  Purchase Price  £

| Details of Engines | Make | Year made | BHP | Serial Number<br>(must be advised before theft cover is operative) |
|--------------------|------|-----------|-----|--|
| Outboard I         |      |           |     |  |
| Outboard II        |      |           |     |  |
| Inboard            |      |           |     |  |

What is the maximum speed of vessel with these engines?  Knots/MPH

Has the vessel ever been damaged? YES/NO  If YES please give details below

**FIRE RISK see Speed Boat Clauses**

Is vessel fitted with automatically controlled fire extinguishers in the engine area and tank space? YES / NO

If YES state make and location. If NO give details of other types of extinguishers on board.

Please note automatic fire extinguishers are a warranty requirement on all vessels, with inboard engines, capable of design speeds in excess of 17 knots

| B. Sums to be Insured   | Total Value  |
|---|--|
| 1. Vessel & Inboard Machinery (including all items normally given in the vessel specification should it be offered for sale)  | £ <input style="width: 100px;" type="text"/>   |
| 2. Tender/Dinghy (the vessels name must be shown to comply with policy) Give Details  | £ <input style="width: 100px;" type="text"/>   |
| 3. Life Raft Give Details   | £ <input style="width: 100px;" type="text"/>   |
| 4. Outboard Motor(s) Please state individual values   | £ <input style="width: 100px;" type="text"/><br>£ <input style="width: 100px;" type="text"/><br>£ <input style="width: 100px;" type="text"/> |
| 5. Road Trailer/Trolley Give Details  | £ <input style="width: 100px;" type="text"/>   |
| 6. Personal Effects e.g. Life jackets/Yachting Gear. Please note, a limit of £250 applies to any one unspecified item. Please use list attached.  | £ <input style="width: 100px;" type="text"/>   |
| 7. Navigation Equipment e.g. Electronic equipment/radio telephone. Please use list as attached. Please note unless specifically itemised the maximum amount paid on any one item is £500. | £ <input style="width: 100px;" type="text"/>   |
| 8. Portable Generator   | £ <input style="width: 100px;" type="text"/>   |
| <b>TOTAL SUM INSURED</b>  | <b>£ <input style="width: 100px;" type="text"/></b>  |

C. Period of Insurance - 12 months commencing  /  /

D. Cruising Range

Inland non-tidal waters of U.K. including tidal stretches for access only

Inland non-tidal waters of U.K. and up to 30 days coastal use (dates to be advised in advance)

**PLEASE COMPLETE THIS PROPOSAL FORM AND ANSWER GENERAL QUESTIONS OVERLEAF BEFORE SIGNING THE DECLARATION**

**E. Use and Moorings**

Will the vessel be used for Private pleasure only? YES/NO  If NO, state purpose for which it is to be used.

Where will the vessel generally be kept when in commission?

Which of the following apply: Marina Berth  Non Tidal Waters Mooring  Other - give details

Is the vessel to be laid up ? YES / NO  If YES please state annual lay-up dates. From: / / To: / / inclusive

Please state the **exact** lay-up location as it is a warranty under the policy

**F. General Questions See\* NOTE below**

1. How many years experience have you, or any person you permit to use the vessel, as owner/crew? Give details of types of vessels

2. Do you have any boating qualifications? YES / NO  If YES, please give details (Proof may be required on request)

3. Are you entitled to a No Claims Discount? YES / NO  If YES, please give details Name of previous Insurer:  Policy No:

4. Will the vessel be used single-handedly? YES / NO

5. Are you the sole owner of the vessel? YES / NO  If NO, please give details of any interested parties including Finance Companies and/or Co-owners

6. To the best of your knowledge and belief have you or any person you will permit to use the vessel a) suffered any accident or loss in the last 5 years with any vessel owned or used? YES / NO  b) had any insurance on any vessel cancelled or refused or had any special terms imposed? YES / NO  c) ever been convicted or charged (but not yet tried), or been given Police Caution in respect of any criminal offence? YES / NO

If you have answered YES to any of the above questions, then please give full details.

**DISCLOSURE**

You are reminded of the need to disclose facts which the insurer would take in to account in the assessment and acceptance of this application and to advise the insurer in the event of any alteration of the risk after commencement of the policy. If you are in any doubt whether certain facts are relevant please ask us for advice. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully. You are advised to keep a record (including copies of letters) of all information you give to us or the insurer when entering into this contract of insurance.

**DECLARATION – very important**

I/We understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that our information may also be disclosed to the Financial Services Authority and other regulatory bodies for the purposes of monitoring and/or enforcing the insurer’s compliance with any regulatory rules/codes.

I/We confirm that we have examined the terms of business and summary of cover carefully and agree that the terms and conditions should form the basis of any insurance contract offered to me/us by Aviva Insurance on their acceptance of this application.

Signature (s):..... Date: / / (all co-owners must sign if there is a joint ownership) If signing on behalf of a company or organisation, please state Position .....