

AVIVA SAILPLAN POLICY PROPOSAL FORM

Full name of Proposer 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:
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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

Date of Purchase Purchase Price £

Details of Engines	Make	Year made	BHP	Serial Number <small>(must be advised before theft cover is operative)</small>
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: 450px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
3. Life Raft Give Details <input style="width: 450px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
4. Outboard Motor(s) Please state individual values	£ <input style="width: 100px;" type="text"/> £ <input style="width: 100px;" type="text"/>
5. Road Trailer/Trolley Give Details <input style="width: 450px;" type="text"/>	£ <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 as 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"/>
TOTAL SUM INSURED	£ <input style="width: 100px;" type="text"/>

C. Period of Insurance - 12 months commencing / /

D. Cruising Range

Inland non-tidal waters of U.K.	<input type="checkbox"/>	Inland non-tidal waters of Ireland	<input type="checkbox"/>
Inland and Coastal waters of U.K.	<input type="checkbox"/>	Inland and Coastal waters of Ireland	<input type="checkbox"/>
Continental Waters from Brest to River Elbe	<input type="checkbox"/>		

Other - Give Details

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 Enclosed Harbour 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. Additional Risks

Do you wish to cover the vessel for sail racing? YES / NO If YES please state the full cost of replacement for masts, spars sails & rigging as new (include any spare sails carried on board) £

Please give full details i.e. Local Club racing, Area Events, RORC or Level Racing

G. 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 If YES, please give full details

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 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 the summary of cover carefully and agree that the terms and conditions should form the basis of any insurance contract offered 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