



PLEASURE CRAFT INSURANCE PROPOSAL FORM

Particulars of Proposer

Insured's full name (in block letters): _____

Address: _____

Phone: Office: _____ Home: _____
 Fax: _____ Mobile: _____

Email: _____ Occupation: _____

Name of Employer: _____

Position held: _____

Name of nominated owner (if not the insured): _____

Insurance is to be for 12 months from: _____

Finance/mortgage company: _____ Owner's Nationality: _____

Details of Vessel

Name of vessel: _____ Type – Motor/Sail _____

Port of Registry: _____

Builders: _____ Year Built: _____ Licence No.: _____

Material of hull (if wood state method of construction): _____

Length _____ Beam: _____ Draft: _____ Tonnage: _____

Make of engine(s): _____ Horsepower of each: _____

Engine number(s): _____

Maximum Design Speed: _____ Fuel used: _____

Type of engine: Inboard Outboard Single Twin

Insured Values (HK Dollars)			
Schedule of Insurance	Value to be insured	Purchase Date	Purchase Price
Hull and equipment including inboard engine (if any)			
Outboard motor(s) to parent vessel			
Dinghy/tender to parent vessel <i>N.B. Must be permanently marked with name of parent vessel</i>			
Outboard motor(s) to dinghy/tender			
Trailer			
Personal effects		Not Applicable	Not Applicable
Special equipment – Please attach list with value			
Total Sum to be insured		Not Applicable	Not Applicable



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1. Type of insurance cover required? _____
2. Do you wish in addition to cover:
- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Masts, spars and sails against racing risks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes", state total replacement value of these items _____ | | | | |
| Waterskiing, aquaplaning or any similar sport? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes", limit of liability: _____ | | | | |
| Outboard motors against dropping or falling overboard? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
3. Limit of Third Party Liability required _____
4. How many years experience have you had in handling craft? State if permanent, professional, or other crew will be employed _____
5. What accidents/incidents/losses or insurance claims have happened during the past five years in connection with any vessel you have sailed or owned?

6. Have you ever been declined or cancelled in applying or covering any pleasure craft insurance? If so, for what reason.
Reason: _____
- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 7. Is the vessel used for private pleasure purposes only? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the vessel used for corporate entertainment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the vessel used for paid charter? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Houseboat use? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
8. What cruising range is to be covered?

9. Will any major alterations or major repairs take place within the next 12 months _____
10. Where is the vessel usually moored when not in use? _____
11. Please give details of moored security and precautions taken against the vessel being stolen.

12. Have you or any other person you have allowed or may allow to use your craft, ever been charged with or convicted of any offence involving dishonesty of any kind, e.g. arson, robbery, smuggling, theft or handling stolen goods?

13. Details of fire extinguisher system: _____
- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 14. Has the vessel been surveyed by a qualified surveyor? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If so, please provide a copy. | | | | |

Declaration

Before signing this Proposal read the following Declaration carefully. If it is necessary to delete any part of the Declaration, please state the reasons.

I / We desire to insure with Assicurazioni Generali S.p.A. ("the Company") in respect of the Craft as detailed herein and hereby declared that:

1. The particulars given in this Proposal are true and complete in every respect and nothing materially affecting the insurance risk has been concealed by me/us.



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2. If any of such particulars and answers are not in my / our hand-writing the person or persons filling in such particulars and answers shall be deemed to be my / our agent for that purpose.
3. I / We hereby agree that this Proposal and Declaration shall be incorporated in and taken as the basis of the proposed contract between me / us and the Company.
4. I / We agree to accept a policy in the Company's usual insurance form for this class of insurance.

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by *ASSICURAZIONI GENERALI S.p.A.*, *ASSICURAZIONI GENERALI S.p.A.* will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to *ASSICURAZIONI GENERALI S.p.A.* that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for *ASSICURAZIONI GENERALI S.p.A.* to proceed with the application.

申請人明白、確知及同意，忠意保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向忠意保險有限公司確認他 / 她已獲該法人團體授權。
申請人亦明白 忠意保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Date

Signature of Proposer

Full Name

Pls provide the copy of "Certificate of Ownership" & "Operating License"(front & back page) for quotation enquiry 需要提供"擁有權證明書"及"運作牌照"副本(正面及背面)用作報價查詢