



CHINA MERCHANTS INSURANCE CO., LTD.

Suites 2303 - 04, 23/F., South Island Place, 8 Wong Chuk Hang Road, Hong Kong
Tel.: 2890 5940 Fax: 2576 2292
Website: www.cm-insurance.com



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowervip.com
Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

PLEASURE CRAFT INSURANCE PROPOSAL FORM

PROPOSER'S INFORMATION

Name (Mr./Mrs./Miss/Ms.):

(Proposer must be aged 18 or above)

Occupation:

Contact Phone No.:

Correspondence Address:

COVERAGE DETAILS

Period of Insurance: From / / to / / (For one year)
DD MM YYYY DD MM YYYY

Type of Cover:

Hull, Machinery and Everything connected therewith

(Please mark)

Sum Insured: HKD Mortgagee: (if any)

Third Party Liability up to HKD5,000,000 against third party bodily injury

Third Party Liability up to HKD against third party property damage

Third Party Liability up to HKD5,000,000 against third party bodily injury only

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

Optional Cover required

Water Skiing Extension (For speedboat or boat exceeding 17 Knots)

DETAILS OF CRAFT

Type of Vessel: Cruiser Open Cruiser Yacht Speedboat Others, please specify

Licence No.:

Name of Vessel: (if any)

Material of Hull:

Length Overall:

Meter

Extreme Breadth:

Meter

Depth:

Meter

Year Built:

Year of Purchase:

Purchase Price: HKD

Maker of Engine:

Type of Engine: Inboard Outboard

Type of Fuel: Diesel Petrol

Serial No.:

Designed Maximum Speed: Knots

Horse Power:

Intended carrying capacity: (including: Minimum Crew ; Passengers:)

DETAILS OF MOORING

(a) Normal Mooring : (b) Typhoon Mooring :

CREWING

How many years of sailing experience do you have?

Will the craft be carrying a professional crew? Yes No

If "Yes", please give details.

INSURANCE HISTORY

(a) Have you ever owned or had an interest in a boat previously? Yes No

If "Yes", please state the name of the most recent insurer.

(b) Have you or has any person who to your knowledge may sail the craft been involved in any accident which would have been covered by this insurance during the last 5 years? Yes No

If "Yes", please give details.

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 China Merchants Insurance Company Limited ("The Company") in respect of the craft as detailed herein and declare and agree that the craft will be used solely for private and pleasure purposes and will not be let out on hire or charter.
- I/We understand that the insurance does not commence until the Proposal has been accepted by the Company and the premium is paid. Once accepted, the insurance shall also be subject to the warranty that all the requirements and regulations of the current Merchant Shipping Ordinance must be complied with throughout the currency of the insurance.
- I/We declare that the information given above is true and complete to the best of my/our knowledge and belief. I/We verily believe that all material factors affecting the decision of the Company to accept or determine the pricing of this proposal of insurance have been disclosed.
- If any of such particulars and answers is not in my/our hand-writing the person or persons filling in such particulars and answers shall be deemed to be my/our agents for the purpose.
- I/We agree that this proposal and declaration shall be the basis of the insurance contract between me/us and The Company and shall be deemed to be incorporated in such contract.
- I/We agree to accept a policy in The Company's usual insurance form for this class of insurance.
- I/We hereby declare and agree that any personal information collected by the Company may be used, stored or disclosed to any individual or organisation for the purpose of processing this application; providing subsequent insurance services; promoting insurance products and services; and meeting the requirements under any applicable law and regulation. I/We understand that I/we have the right to obtain access to and request correction of any personal information concerning me/us held by the Company; and request for such access can be made in writing to their Data Protection Officer.
- I/We understand, acknowledge and agree that the Company will pay brokerage/commission to the authorized insurance intermediary, if any, during the continuance of the policy including renewals, for arranging this insurance with the Company. I/We further understand that the above agreement is necessary for the Company to proceed with this application.

Signature of Proposer:

Date: