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## PROPOSAL FOR PLEASURE CRAFT INSURANCE

ALL QUESTIONS ON THIS PROPOSAL FORM MUST BE COMPLETED.

### PARTICULARS OF PROPOSER

Name:

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Address:

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Tel No. \_\_\_\_\_ Age: \_\_\_\_\_ Occupation : \_\_\_\_\_

*Note: DIRECTOR is not sufficient.*

Experience

(a) In this type of Craft: \_\_\_\_\_ Years as skipper: \_\_\_\_\_ Years as crew: \_\_\_\_\_

(b) In Craft generally: \_\_\_\_\_ Years as skipper: \_\_\_\_\_ Years as crew: \_\_\_\_\_

Qualifications:

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If joint ownership - details should be given in respect of each of the joint owners.

### PARTICULARS OF VESSEL

Name	Previous Name		Type of Class/Port of Registry	Class No./ Registration No.		
Builder's Name	Year built	Is the vessel a		If conversion when converted and by whom		
		a) Conversion Yes/No b) Amateur build Yes/No c) Amateur completion of Professionally built hull Yes/No (see note 2)				
Method of construction wooden vessels only	Length		Beam	Draft	Sail area	Material of hull
	OA	WL				

**PARTICULARS OF MACHINERY**

Manufacturer		Year of make	Number of engines	Horse power of each engine	Marine engine or conversion
Fuel used	Maximum designed speed of vessel	Details of outboards including Serial Numbers			

If the vessel has a maximum designed speed in excess of 17 knots and has inboard machinery, is fitted with an automatic or remote control fire extinguishing system in the engine room  NO YES,  and galley  NO  YES ?

**PARTICULARS OF USE OF VESSEL**

What Cruising range is to be covered? \_\_\_\_\_  
\_\_\_\_\_

The vessel will be in commission for \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_ inclusive moored at \_\_\_\_\_

Ashore  Marina  Afloat  Mud B

This vessel will be laid up for \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_ inclusive at \_\_\_\_\_

Ashore  Marina  Afloat  Mud B

Period for which insurance is required: 12 months from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_\_ inclusive

Do you wish to cover dropping off and falling overboard of outboard motor?

Yes  No

Sum to be insured	Value to be insured (i.e., Current market value)	Price Paid	Date of Purchase
Hull, Machinery, Gear, Equipment	_____	_____	_____
Tender/Dinghy	_____	_____	_____
Outboard Motor	_____	_____	_____
Trailer (Serial No. _____)	_____	_____	_____
Other (specify)	_____	_____	_____
Personal Effects	_____	_____	_____
<b>TOTAL SUM TO BE INSURED</b>	_____		

The 'Price Paid' should exclude money spent since purchase in improving the vessel.  
 FULL details of such expenditure should be provided if you wish that to be taken into account.  
 If the 'Value to be insured' is greater than the 'Price Paid' please provide details to justify any increase.

**ADDITIONAL COVER**

Water Skiers liability	YES	NO
(a) Do you wish to include liability to and of water Skiers? (only applicable to boats with a maximum designed speed in excess of 17 knots)	<input type="checkbox"/>	<input type="checkbox"/>
Racing	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you use the vessel for racing? If YES give full details		
_____		
_____		
_____		

Replacement cost of mast(s), spars, sails, standing and running rigging \_\_\_\_\_

Road transit		
(c) Will the vessel be transported by road?	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL**

Previous claims - insurance history

(d) Have you or anyone who will use the vessel with your permission:-		
i) Ever had any accidents or losses in respect of vessels owned or handled?	<input type="checkbox"/>	<input type="checkbox"/>
ii) Ever had insurance declined, cancelled, or any renewed at an increased rate?	<input type="checkbox"/>	<input type="checkbox"/>

Use of the vessel

(e) (i) Do you require cover for using the vessel for purposes OTHER THAN solely Private and Pleasure use?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Will the vessel be used for permanent residential purposes?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Will the vessel be used for single handed sailing?	<input type="checkbox"/>	<input type="checkbox"/>

(f) Is the vessel fitted with a proprietary alarm system or any Anti - theft precautions employed?

If so, state type or give details\_\_\_\_\_

Have you or any person having an interest in the vessel or who might use the vessel with your permission been charged with or convicted of any offence involving dishonesty? \_\_\_\_\_

*If the answer to any of the above questions is YES please provide FULL details overleaf*

**Gas system**

(g) If bottled gas is used

i) Is the cylinder kept in self draining cockpit locket?

ii) Is the delivery tubing copper or British Standard Armoured type?

**DECLARATION**

*All material facts must be disclosed to Underwriters whether or not subject of a specific question above. A material fact is one, which an Underwriter would regard as likely to influence the acceptance of the proposal. Non disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material you should disclose them. I declare that the above particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters, if a Policy is issued.*

*I further declare and agree that if the statement and particulars above have been completed in the handwriting of any person other than the undersigned such person is deemed to be the agent of the proposer for the purpose of completing this proposal.*

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

*The Signing of this Form does not bind the proposer to complete the insurance. A copy of the specimen working will follow with a quotation upon a request.*

*IMPORTANT The proposer should keep a record (including copies of the Proposal Form and letters) of all information supplied to the Underwriters for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied upon request*