



HULL INSURANCE PROPOSAL (YACHT AND SMALL CRAFT)

1. NAME OF PROPOSER

OCCUPATION

ADDRESS

VESSEL-PURPOSE OF USE _____

PHONE NO _____ (PRIVATE)

_____ (BUSINESS)

2. NAME OF VESSEL

REGISTRATION NO

TONNAGE (G R T.) _____

LENGTH _____

DRAUGHT _____

BEAM _____

3. *VESSEL*

TYPE OF VESSEL _____

MATERIAL OF HULL _____

AGE _____

BUILDERS _____

PROFESSIONAL / _____

AMATEUR WHERE _____

BUILT _____

4. DETAILS OF MOTOR(S)

OR ENGINEER TYPE

SERIAL NO _____

DATE OF MAKE _____



MAXIMUM DESIGNED SPEED _____
TYPE OF FUEL _____

QUANTITIES STORED (ABOVE OR BELOW DECK) _____

5. NO. & TYPE OF FIRE EXTINGUISHERS _____

6. PARTICULARS	SUM INSURED
a. VALUE HULL AND FITTINGS	_____
b. MACHINERY / OUTBOARD MOTOR(S)	_____
c. DINGHY	_____
d. BOATTRAILER	_____

NB. f. HULL INCLUDES SAFETY EQUIPMENT
fi. MACHINERY INCLUDES PUMPS, GENERATORS, AUXILIARY ENGINES, and OUTBOARD MOTOR ETC..

7. GIVE DETAILS OF PREVIOUS ACCIDENTS TO BOATS UNDER YOUR CONTROL OR OWNERSHIP WITH COSTS (DURING PAST 5 YEARS)

8. HAS ANY INSURER EVER DECLINED TO INSURE OR RENEW COVER OR IMPOSED RESTRICTIONS TO PROPONENT EITHER INDIVIDUALLY OR IN PARTNERSHIP?

9. IS THE VESSEL PRESENTLY INSURED? IF YES, GIVE NAME OF CURRENT INSURER & EXPIRY DATE.

10. WHAT EXPERIENCE HAVE YOU HAD IN HANDLING OF THIS AND/OR OTHER TYPE OF SMALL VESSEL?

Sun Insurance Company Limited

HEAD OFFICE: Grnd & Level 1 SUN Insurance Kaunikuila House, Laucala Bay, Suva. Private Mail Bag, Suva, Fiji Islands.

Tel:331 3822 Fax:331 3882 E-mail:Info@suninsurance.com.fj Website:www.suninsurance.com.fj



11. WILL VESSEL BE USED SOLELY FOR PRIVATE PLEASURE PURPOSE? _____
12. IF NOT GIVE FULL PARTICULARS.

13. CRUISING LIMITS _____

14. WHERE IS VESSEL NORMALLY MOORED? _____
15. WILL VESSEL TOW WATER SKIERS? _____
16. DATE OF LAST HULL SURVEY _____ **(COPY OF SURVEY REPORT MUST BE ATTACHED TO PROPOSAL)**
17. DATE PURCHASED BY PROPONENT _____ PRICE _____
18. NATURE & COST OF REPAIRS, REPLACEMENTS, ALTERATIONS DURING LAST 12 MONTHS.

19. PRESENT SOUND _____
20. PERIOD OF INSURANCE MARKET VALUE _____
21. INSURANCE CONDITIONS REQUIRED

22. AMOUNT OF THIRD PARTY PROTECTION & INDEMNITY LIABILITY REQUIRED _____
23. DO YOU REQUIRE THIRD PARTY LIABILITY TO OR INCURRED BY WATER SKIERS? _____
24. LOSS OR DAMAGE IN RESPECT OF TRAILER?

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NB. NO THIRD PARTY LIABILITY IN RESPECT OF TRAILER

I / WE WARRANT THAT THE ABOVE STATEMENT AND PARTICULARS ARE CORRECT AND COMPLETE. THAT THE PROPERTY DESCRIBED HEREIN IS SOUND AND IN THOROUGH REPAIR, AND I / WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL FORM THE BASIS OF THE CONTRACT OF INSURANCE BETWEEN ME / US AND THE INSURER. IF THIS PROPOSAL IN ANY PARTICULAR IS FILLED IN BY ANY OTHER PERSON THAN THE PROPOSER SUCH PERSON SHALL BE DEEMED THE AGENT OF THE INSURED AND NOT THE AGENT OF THE INSURER.

COMPANY

PREMIUM:

STAMP

DUTY:

TOTAL PREMIUM:

DATE:

SIGNATURE OF PROPOSER:

OFFICE USE:

DEDUCTIBLE:

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