

BAY PLEASURECRAFT CLIENT PROPOSAL

INSURED DETAILS

Insured(s) full name: (a)	Date of birth: / /
Insured(s) full name: (b)	Date of birth: / /
Postal address:	
Telephone: (h)	(bus)
Mobile:	
Interested parties (eg. finance company):	
Period of insurance	From: / / To: / / at 4pm (NZ time)

SECTION 1 - THE INSURED CRAFT

Type of Craft: <input type="checkbox"/> Yacht <input type="checkbox"/> Launch <input type="checkbox"/> Runabout <input type="checkbox"/> Other (specify)			
Make/model:	Craft's name:		
Construction:	Year built:	Length:	<input type="checkbox"/> Metres <input type="checkbox"/> Feet
Inboard: Make:	Year:	Horse power:	Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel
If your inboard motor is a converted car motor, is it professionally installed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum speed:	<input type="checkbox"/> Knots <input type="checkbox"/> M/ph <input type="checkbox"/> K/ph		
Hull, furniture and fittings			
Including sails, masts, spars and rigging, inboard motor and equipment that would normally be sold with the Craft, exclude items insured under section 2 – Contents.			Sum insured \$
Dinghy (Tender)			
Construction:	Length:	<input type="checkbox"/> Metres <input type="checkbox"/> Feet	Sum insured \$
Outboard motor(s)			
Year: Horse power:	Make:	Serial number:	Sum insured \$
Year: Horse power:	Make:	Serial number:	Sum insured \$
Year: Horse power:	Make:	Serial number:	Sum insured \$
Ancillary equipment (replacement value up to 5 years of age)			
Hand-held navigational aids and communication equipment, personal effects not otherwise insured and all other equipment not normally sold with the Craft.			
1 Unspecified items (Limit \$1,000 per item):			Sum insured \$
List items of \$1,000 or more and their values			
2			Sum insured \$
3			Sum insured \$
Boat trailer Registration No:			Sum insured \$
Racing Risk extension			
If required, please provide replacement value of all sails, masts, spars, standing and running rigging:			\$

SECTION 2 - CONTENTS (UP TO 10 YEARS OF AGE)

Household appliances, furniture and furnishings up to 10 years of age (eg. microwave, TV, dining suite)
Replacement value sum insured \$

Excess and total sum insured

Excess: Minimum	\$250	\$500	\$1,000	Other (specify)	Total sum insured \$
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DECLARATION

To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.

I/We declare that:

I/We agree that this Proposal shall be the basis of the contract between Me/Us and The Company and I/We am/are willing to accept the terms, conditions and exclusions of this insurance.

I/We have read and understood the General Questions, the Privacy Act and the Special Conditions on this Proposal.

All answers and information given on this Proposal and on any attachment are in every respect correct.

The Insured Craft is used solely for private purposes.

The Sums Insured represent the full and true values of the items insured.

I/We understand that no insurance is in force until this Proposal has been accepted by The Company.

I/We authorise disclosure to The Company of personal information held by any other party regarding My/Our existing and previous insurances.

I/We agree that The Company may provide personal information regarding My/Our insurances to:

- (i) other members of the insurance industry; and
- (ii) parties who have a financial interest in the subject matter of this insurance.

Insured(s) signature: _____	Date: / / _____
Insured(s) signature: _____	Date: / / _____



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