



SAVANNAH MARINE

PROPOSAL FORM

COMMERCIAL HULL INSURANCE

It is the duty of Insured's and their agents to disclose all material facts to insurers before the contract of insurance is concluded and any failure to do so entitles insurers to avoid contract. Completion of this proposal form does **not** relieve the Insured and their agents of this duty and it is essential that all material facts which are not included within the answers to the questions posed herein are disclosed to insurers in addition.

VESSEL OWNER (ULTIMATE BENEFICIAL OWNER)

Full Name: _____

Full Address: _____

Phone No: _____

If owner is a company state date established

If owner is a company give names of directors or partners:

Occupation: _____

Number of years as a vessel owner (Give dates):

Ultimate beneficial owners (together with details of previous shipping history):

Details of all Vessels owned during past 5 years:

MANAGING COMPANY

(Only to be completed where independent managers employed)

Full Company Name: _____

Full Address: _____

Date Established: _____

Principals (together with details of any previous shipping company where senior position held during past 5 years):

Details of all vessels managed during past 5 years:

DETAILS OF FIRE EXTINGUISHERS AND SPECIAL EQUIPMENT

Please provide details of fire extinguishers: _____

Date last examined: _____

Name of examiner: _____

Specify any special equipment (eg. Radio, Echo-Sounder, Direction or Fish Finder Etc.): _____

MAINTENANCE DETAILS

Please advise average annual outlay i.r.o. maintenance costs per vessel over last 5 years: _____

Please provide details of spare parts policy (i.e. in accordance with manufacturer's recommendations or other arrangements). _____

GENERAL

Date vessel purchased by proposer(s): _____

From who purchased? _____

Purchase price of vessel (excluding nets, dinghies, goodwill fishing or site rights, finance charges and the like) _____

Specify additional amounts spent on vessel since purchase: _____

If the vessel(s) is fitted with special equipment which is *hired* or *leased* please provide details: _____

State value: R _____

and Lessor's name _____

If nets and dinghies are to be included in the insured value state value: R _____

State present market value of vessel R _____

Date of last government seaworthiness certificate _____

Date of expiry _____

Is the vessel(s) registered under the Merchant Shipping Act and have all regulations, including those regarding skipper and crew been complied with? _____

For what purpose will the vessel(s) be used? _____

(if for fishing state type of fishing) _____

Which is the vessel's home port(s)? _____

Give details of moorings _____

If the vessel(s) will be laid-up unemployed during the year for periods of 30 consecutive days or more give approximate dates: _____

Will the vessel(s) be chartered? _____

If chartered state to whom: _____

If chartered state whether vessel under management of charterers or Owners: _____

CREWING POLICY

Are the vessels officers employed directly or engaged through a crewing agency

If the crewing agency is used please identify which agency:

Are the vessel's crew employed directly or are they engaged through a crewing agency?

If a crewing agency is used please identify which agency:

Please provide details of/or any general comments concerning employment Policy such as training programmes, etc.

Language of communication (including operational manuals) between officers and crew:

Are all officers and crew fluent in this language? If not please provide further details:

Please provide details of the current skipper below:

Name:

Date and number of Department of Transport Certificate:

Is it a certificate of services, a certificate of competency or an exemption?

Does he/she suffer from any physical infirmity?

If yes, please provide details:

Number of years at sea:

Number of years as skipper (state dates and type of vessels skippered):

Give details (including dates and amounts involved) of any casualties to vessels Previously or currently owned, skippered, chartered or managed.

DETAILS OF VESSEL TO BE INSURED

Vessel Name:

Type of Vessel:

Year Built:

Gross Registered Tonnage:

Flag:

Whether fully decked:

Name of Builder:

Material of Hull:

Length:

Beam:

Designed speed:

Has the vessel ever been converted:

If yes, please give details:

Date of last overhaul:

By whom?

Cost of overhaul:

Details of overhaul:

DETAILS OF MACHINERY AND EQUIPMENT

Number of engines:

Horse Power (Each Engine)

Make and Type:

Year of Manufacture:

Type of fuel:

Date of last examination:

Name of Examiner:

Brief outline of examiners report:

Give details of any major alterations to the vessel and/or it's machinery And equipment since vessel built:

INSURANCE

What sum insured is required? R _____
 Hull and Machinery R _____ Increased value (if applicable) R _____
 Specified equipment R _____ Nets and Dinghies R _____
 What navigational limits are required? _____
 State maximum distance from coastline: _____
 Are the vessel(s) and/or machinery mortgaged in any way? _____
 If mortgaged state _____
 Amount R _____ Whether on vessel(s) and/or engine(s) and/or equipment _____
 Name of mortgagee _____ Period of mortgage _____
 Is the Mortgagee to be named in the policy as a co-insured? _____
 Give details of previous or existing insurance on the vessel(s) proposed: _____
 Insurance Company _____ Sum Insured R _____
 Navigation limits _____ Conditions _____
 Excess/Deductible _____ Rate R _____
 Expiry Date _____

State the loss record of all vessels under present ownership or management for the last 5 years including those of vessels subsequently sold, lost or changed management (NB! Loss figures must include self-retained losses)

	YEAR	LOSSES BEFORE DEDUCTIBLE		NO. OF LOSSES
		PAID	OUTSTANDING	
1.				
2.				
3.				
4.				
5.				
TOTALS:				

List of individual losses contained in above figures which exceed R 50 000.00 before deductible

VESSEL	DATE	AMOUNT	DETAILS OF LOSS

OTHER INFORMATION

Please advise any other information which is likely to influence the insurers in regard to this proposal.

Declaration: I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the insurers in regard to this proposal.

Signing this form does not bind the Proposer to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the insurers until this proposal has been accepted.

Date: _____ Signature of Owner or Authorised Representative: _____

Broker: _____

APPLICATION FOR DEBIT ORDER / AANSOEK OM 'N DEBIETORDER

Please tick (**x**) the applicable box/Mark (**x**) asseblief die toepaslike blokkie

APPLICANT / AANSOEKER			
Surname/Name of Business		Initials/Voorletters	
I/We, the undersigned hereby request you to Ek/Ons, die ondergetekende(s) versoek u hiermee om			
add a debit order n debietorder by te voeg	<input type="checkbox"/>	change debit order debietorder te verander	<input type="checkbox"/>
		cancel debit order kanseleer debietor- der	<input type="checkbox"/>

Particulars of bank account /Besonderhede van bankrekening

Account Name/Rekennaam	<input type="text"/>		
Account No/Rekening Nr	<input type="text"/>	Account Type/ Rekeningtipe	<input type="checkbox"/> Cheque/Tjek <input type="checkbox"/> Savings/Spaar <input type="checkbox"/> Transmission/ Transmissie
Branch Code/Takkode	<input type="text"/>		
Name of Bank/ Naam van Bank	<input type="text"/>		
Branch / Tak	<input type="text"/>		
Address/Adres	<input type="text"/>		
Collection date/ Aanvangsdatum	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 15th	Please tick which day of the month the debit order should be collected	

Additional Information/Bykomende Inligting

Amount/Bedrag	R	<input type="text"/>
Amount in words/ Bedrag in woorde	<input type="text"/>	

Identity Number/ Identiteitsnommber	<input type="text"/>	Company Reg/ Maatskappy Reg	<input type="text"/>
Tel Nos/Nrs (H)	<input type="text"/> (B)	<input type="text"/> (C)	<input type="text"/>

Signature/Handtekening _____ Date/Datum _____