



SAVANNAH MARINE

PROPOSAL FORM

PRIVATE PLEASURE CRAFT INSURANCE

Constantia View Office Estate, Hogsback Road, Quellerina, 1729
P.O. Box 1410, Allens Nek, 1737 • Tel: (0 11) 83 1 0720, Fax: (0 10) 596 0726

REG NO: CK 1989/015576/23 • VAT REG NO: 4410191789 • FSB NO: 16936

Before completing this proposal please note that failure to disclose all material information, i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

A specimen Policy is available on request. Remember to sign and date the Declaration at the end of the form. **Please write in block capitals or tick the boxes as appropriate.**

1. PERSON APPLYING FOR INSURANCE
Proposer

(a) Name (in full)

(b) Age:

(c) ID No.:

(d) Occupation

(e) Address

(f) Contact Numbers:

Cell:

Tel:

Fax:

2. BOAT HANDLING EXPERIENCE

(a) Number of years as owner of this type of craft

(b) Number of years as owner of other craft (state type)

(c) Number of years as crew on craft

(d) State which of the following Qualifications you have

- i) Skippers Ticket
- ii) Yacht Masters Certificate
- iii) CASA Certificate
- iv) Other (indicate which)

(e) Are you a member of a Yacht Club?

Yes

No

If 'Yes' give details

(f) Have you or any member of your family normally residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences?

Yes

No

If 'Yes' give details

(g) Have you or any person in (f) above suffered from diabetes, epilepsy, heart conditions or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs?

Yes

No

If 'Yes' give details

3)(a) Have you previously insured your vessel?

Yes

No

If 'Yes' what Company?

(b) What accidents, losses or insurance claims have you experience during the past five years

(c) Indicate which of the following has occurred

- (i) Your Insurance cancelled by insurer
- (ii) Renewed at increased terms
- (iii) Insurance refused at renewal

Give details

4) Insurance to be 12 months from

5)(a) Where is the vessel normally kept?

(b) What security measures are in place to protect your vessel?

(c) If moored state marina and location

(d) Are the moorings professionally laid and maintained?

(e) Do you require cover for road transit?

6) NAVIGATIONAL LIMITS

Indicate in which of the following the vessel will be navigating (in the space provided below)

- i) Inland waters of RSA
- ii) Inland and coastal waters of RSA
- iii) Coastal waters not exceeding 5 nautical miles from coastline
- iv) Coastal waters not exceeding 10 nautical miles from coastline
- v) Coastal waters not exceeding RSA territorial waters
- vi) International sailing (full itinerary required)

7) USE OF VESSEL

(a) Private and pleasure only Yes No

If 'No' state intended use

(b) Do you require cover for single handed sailing?

Yes No

(c) Will you require cover for racing under sail?

8) VESSEL DETAILS

(a) From whom did you purchase the craft?

b. What was the purchase price	R <input style="width: 95%; height: 15px;" type="text"/>
c. Name of Vessel	<input style="width: 95%; height: 15px;" type="text"/>
d. Type / Class	<input style="width: 95%; height: 15px;" type="text"/>
e. Serial Number	<input style="width: 95%; height: 15px;" type="text"/>
f. Material of Hull	<input style="width: 95%; height: 15px;" type="text"/>
g. Manufacturers Name	<input style="width: 95%; height: 15px;" type="text"/>
h. Year Built	<input style="width: 95%; height: 15px;" type="text"/>
i. Overall length	<input style="width: 95%; height: 15px;" type="text"/>
j. Beam	<input style="width: 95%; height: 15px;" type="text"/>
k. Max. designed speed with present engine/s	<input style="width: 95%; height: 15px;" type="text"/>

9. ENGINE/MOTOR DETIALS

Is your motor/s

Inboard Outboard Single Twin

Make	<input style="width: 95%; height: 15px;" type="text"/>
Model	<input style="width: 95%; height: 15px;" type="text"/>
Serial Number(s)	<input style="width: 95%; height: 15px;" type="text"/>
Horsepower of each	<input style="width: 95%; height: 15px;" type="text"/>
Fuel Used	<input style="width: 95%; height: 15px;" type="text"/>
Year of Make	<input style="width: 95%; height: 15px;" type="text"/>
Date of last overhaul	<input style="width: 95%; height: 15px;" type="text"/>

10. Is the craft subject to HP agreement? If 'Yes' state

Institution:	<input style="width: 95%; height: 15px;" type="text"/>
Period of HP	<input style="width: 95%; height: 15px;" type="text"/>
Account Number	<input style="width: 95%; height: 15px;" type="text"/>

11. SECURITY

What security arrangements do you have for?

Stored vessel	<input style="width: 95%; height: 15px;" type="text"/>
Outboard motor/s	<input style="width: 95%; height: 15px;" type="text"/>
Road Trailer	<input style="width: 95%; height: 15px;" type="text"/>

How is the trailer and craft immobilized when unattended?

12. SCHEDULE OF INSURANCE

Indicate the required insurance values for:

Hull, inboard machinery and gear	R
Sails	R
Masts	R
Spars	R
Rigging	R
Outboard Motor/s	R
Dinghy / Tender	R
Trailer	R
Total Specialized Equipment	R
TOTAL INSURED VALUE	R
*A VALUED ITEMISED INVENTORY OF SPECIAL EQUIPMENT MUST BE ATTACHED	

13. Third Party Liability: Please tick Limit of Indemnity required:

R 500 000	R 1 000 000	R 2 500 000	R 5 000 000
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Water Skiers Liability: Please tick if required

R 250 000

14. Is your vessel registered?

Yes No

If 'Yes' with whom?

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Please provide a photocopy of your registration logbook.

15. Any other information which is likely to influence the Insurers in regard to this proposal?

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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 it 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 Proposer:
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Broker / Agent:

Before attaching, please ensure the following is forwarded to Insurers: Completed and signed proposal form. Colour photograph of vessel Photocopy of registered log book if registered Valued itemized inventory of all specified equipment

*DEBIT ORDER FORM ATTACHED

APPLICATION FOR A DEBIT ORDER / AANSOEK OM 'N DEBIETORDER

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

Applicant / Aansoeker		
Surname/Name of Business <input type="text"/>	Initials/Voorletters <input type="text"/>	
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 debietorder <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/Rekening tipe <input type="checkbox"/>	Cheque/Tjek
	<input type="checkbox"/>	Savings/Spaar
Branch Code/Takkode <input type="text"/>		Transmission/Transmissie
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"/>	<input type="checkbox"/>
	1st	7th
	<input type="checkbox"/>	15th
	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information / Bykomende Inligting		
Amount/Bedrag	R <input type="text"/>	
Amount in words/ Bedrag in woorde	<input type="text"/>	

Identity Number/ Identiteitsnommer	<input type="text"/>	Company Reg/ Maatskappy Reg	<input type="text"/>
VAT Number/ VAT Nommer	<input type="text"/>	Cell:	<input type="text"/>
Tel:	<input type="text"/>	Fax:	<input type="text"/>

I authorise Savannah Marine to draw the regular premium amount against my account. This authorisation is to remain in force until terminated by Savannah Marine or myself. I accept that Savannah Marine may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, Savannah Marine is entitled to track my account and present the instruction for payment as soon as sufficient funds are available.

Signature/Handtekening _____ Date/Datum _____