



# BOAT INSURANCE APPLICATION FORM

DISTRIBUTOR: \_\_\_\_\_ TAX INVOICE - GST No: 105-240-384

TYPE OF COVER

☐ COMPREHENSIVE    ☐ THIRD PARTY ONLY    ☐ MOTOR ONLY BOAT TYPE: \_\_\_\_\_

USAGE    PERIOD OF INSURANCE

☐ PRIVATE    ☐ OTHER (If other refer to YMI)    FROM: \_\_\_\_\_ TO: \_\_\_\_\_

INSURED DETAILS

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Contact Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Car Driver Licence No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Interested Parties: \_\_\_\_\_

DUTY OF DISCLOSURE

HAS THE INSURED, OR ANYONE WHO IS TO BE COVERED BY THIS POLICY, IN THE LAST 5 YEARS

Had any insurance refused or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail: _____
Had any boat or theft claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail: _____
Been convicted of any offence (including speeding offences?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail: _____

BOAT DETAILS

HULL: Make: \_\_\_\_\_ Year: \_\_\_\_\_ Rego: \_\_\_\_\_  
HIN: \_\_\_\_\_ Const. Material: \_\_\_\_\_ Length: \_\_\_\_\_ mtr/ft  
MOTOR/S: Make: \_\_\_\_\_ Year: \_\_\_\_\_ HP: \_\_\_\_\_ No of Motors: \_\_\_\_\_  
Serial No(s): \_\_\_\_\_ Max Speed of Boat: \_\_\_\_\_ knots/km/h  
MOTOR TYPE: ☐ Jet    ☐ Outboard    ☐ Inboard    ☐ Stern drive    FUEL TYPE: ☐ Petrol    ☐ Diesel  
TRAILER: Make: \_\_\_\_\_ Year: \_\_\_\_\_ Reg: \_\_\_\_\_  
Is the boat parked on the street when not in use? ☐ Yes ☐ No Boating Course? ☐ Yes ☐ No Insured's Boating Experience (Yrs) \_\_\_\_\_

OPTIONAL BENEFITS

Gap cover (Tick as appropriate):	Lay up Discount (circle lay-up months elected by client when boat not in use):
<input type="checkbox"/> \$5,000 option <input type="checkbox"/> \$10,000 option	JAN   FEB   MAR   APR   MAY   JUN   JULY   AUG   SEP   OCT   NOV   DEC

GENERAL

TRANSIT RISK INCLUDED

Description and location of storage: \_\_\_\_\_  
Date Boat Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

COVERAGE SUMMARY

SUM INSURED (MATERIAL DAMAGE)	LIABILITY LIMIT	WATER SKIERS OPTION?	EXCESS	PERSONAL ACCIDENT
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$20,000

## DECLARATION

### Non-disclosure and misrepresentation

Before you enter into a contract of general insurance with us, you have a duty to disclose to us, subject to the provisions of the Clean Slate Act 2004, every matter you know, or could reasonably be expected to know that a prudent insurer would want to take into account in deciding whether to insure you and, if so, on what terms. This applies to all persons to be covered under this contract of insurance. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be insured;
- that is of common knowledge;
- that we know or in the ordinary course of our business we ought to know;
- that we state to you that we do not want to know.

### PRIVACY ACT 1993

#### We advise:

1. If the Insured is a person, this Application Form collects personal information about you so that we can evaluate your application for insurance.
2. This information is collected and held by Nautilus Marine trading as NM Insurance at 5th Floor, 63 Albert Street, Auckland, 1010 as agent for the underwriter.
3. You must supply this information as part of your Duty of Disclosure (please see Your Duty of Disclosure above). If you refuse to do so, your application for insurance will be declined.
4. You have the right to access and correct your personal information held by us in accordance with the Privacy Act 1993.

#### You the above named insured declare that:

1. You have answered all questions truthfully.
2. You have, in addition, disclosed all material facts to Nautilus Marine trading as NM Insurance as agent for the underwriter (please see Your Duty of Disclosure above).
3. You agree to the policy terms and conditions.

#### You the above named Insured authorise:

4. Nautilus Marine to advise you of its other services from time to time.
5. The disclosure of your personal information held by Nautilus Marine trading as NM Insurance as agent for the underwriter to:
  - Other members of the insurance industry.
  - Financially interested parties noted on the policy.
  - Insurance Claims Register Limited.
6. The disclosure of your personal information held by:
  - Other members of the insurance industry.
  - Insurance Claims Register Limited.to Nautilus Marine as agent of the underwriter for the purpose of considering this proposal and administering the policy.
7. I am authorised to complete this proposal on behalf of anyone else to be insured under the policy, and they make the same declarations.

I/We declare on behalf of all proposed insureds that:

- all answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal;
- if accepted by NM Insurance, this proposal and declaration, and any other material which I/we have provided to NM Insurance, shall be incorporated into and form the basis of the contract of Insurance;
- I/We understand that NM Insurance requires this information (which will be retained by NM Insurance) in order to decide whether to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
- NM Insurance is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise NM Insurance to obtain from any party, information that is, in NM Insurance's view, relevant to this proposal;
- I/We understand that the Insurance will not be in force until this proposal has been accepted and cover confirmed by NM Insurance

Signature of The Insured(s): \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT OPTIONS

Cheque/Money Order    Credit Card:    Bankcard    Mastercard    Visa

Card No:

Amount \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card \_\_\_\_\_

Excess Elected:

Insurance Premium:

This declaration confirms the client has answered all the Duty of Disclosure questions and has signed and paid for insurance cover effective \_\_\_\_ / \_\_\_\_ .  
Cover is bound on behalf of the insurers from this date under Agreement executed by us.

Business Partner Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_