



Yachts & Boats INSURANCE PROPOSAL FORM

PART ONE – NFUM DETAILS

Instructions to NFU Mutual Agent; please complete the following details:

Transfer existing NFUM cover to NIS	YES	NO
Existing NFUM Client; New cover to NIS	YES	NO
New to NFUM; New to NIS	YES	NO
Existing NIS Renewal	YES	NO

NFU Mutual Agency Code:	
NFU Mutual Agent Name:	
NFU Mutual Agent Email Address:	
NFU Mutual Agent Telephone Number:	
Client Payment Method:	
iFaces Ref (if existing business):	
NIS User's email address:	
NIS Group email address (in full):	national_intermediary_services@nfumutual.co.uk
AJG Group email address:	London_NFUM_GGR@ajg.com

The information you provide here will, together with any other information provided by you, constitute the basis of the Contract of Insurance. You must ensure that the answers given are, to the best of your knowledge and belief, a complete and true statement of the facts. You must advise us if any of the facts change during the term of the policy.

Insurers may cancel cover and/or refuse to pay claims if the facts which you provide in this form are incorrect.

PART TWO – PROPOSER DETAILS

Proposer's full name:	
Proposer's age:	
Proposer's contact telephone number:	
Proposer's address:	
	Postcode:
Proposer's occupation / Nature of business	
Names of other joint owners or mortgage lenders:	



1. PLEASE GIVE DETAILS OF YOUR PRESENT INSURERS, IF CURRENTLY INSURED:

Cover	Insurer	Policy No.	Expiry Date
Yachts & Boats			DD/MM/YY

2. IF THE ANSWER TO ANY OF THE QUESTIONS BELOW IS 'YES' PLEASE PROVIDE FULL DETAILS BELOW:

i) Has any Insurer ever declined a proposal, cancelled or refused to renew your policy, or required special terms and conditions?	YES	NO
ii) 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 criminal offence other than driving offences?	YES	NO
iii) Have you or any person above suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs?	YES	NO

Details if Yes to any of the above:

How much experience do you have of sailing similar craft?

Do you have any sailing qualifications?

YES

NO

If Yes, please give details:

PART THREE – CLAIMS HISTORY

Have there been any accidents or losses within the last 5 years?		YES	NO
Date of Claim:	Type of Claim:	Amount Paid:	Amount Outstanding:
DD/MM/YY 		£	£
Date of Claim:	Type of Claim:	Amount Paid:	Amount Outstanding:
DD/MM/YY 		£	£
Date of Claim:	Type of Claim:	Amount Paid:	Amount Outstanding:
DD/MM/YY 		£	£
Date of Claim:	Type of Claim:	Amount Paid:	Amount Outstanding:
DD/MM/YY 		£	£
Date of Claim:	Type of Claim:	Amount Paid:	Amount Outstanding:
DD/MM/YY 		£	£



Please give details of any claim with a total value (paid and/or outstanding) costing £3,000 or more:

PART FOUR – VESSEL DETAILS

Name of craft			
Manufacturer			
Model / Type			
Construction material			
Year built			
Date of acquisition			
Price at acquisition (£)			
Length (please specify feet or metres)			
Date of last survey			
Hull Serial / HIN No.			
Engine type	<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard	<input type="checkbox"/> Jet
If Outboard, does it have a tracker fitted?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Engine configuration	<input type="checkbox"/> Single	<input type="checkbox"/> Twin/Auxiliary	
Engine(s) Make(s)			
Year(s) of Engine(s) manufacture			
Engine(s) Make(s)			
Engine(s) Serial No(s).			
HP of each engine	Engine 1		Engine 2
Engines Fuel Type	<input type="checkbox"/> Diesel	<input type="checkbox"/> Petrol	<input type="checkbox"/> LPG
Maximum speed of vessel (knots)			
Use	<input type="checkbox"/> Private pleasure only	<input type="checkbox"/> By yourself only	<input type="checkbox"/> Charter <input type="checkbox"/> Racing*
*If racing – type of racing (sailing craft only)	<input type="checkbox"/> Local Club	<input type="checkbox"/> Offshore	
New replacement value of masts, spars, sails and rigging	£		
Maximum number of passengers and crew on board			
Are passengers fare-paying?			



Navigation limits	<input type="checkbox"/> Inland and coastal waters of the United Kingdom <input type="checkbox"/> European waters Brest – Elbe limits <input type="checkbox"/> Inland and non-tidal waters of the United Kingdom <input type="checkbox"/> Mediterranean waters
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SCHEDULE OF INSURANCE

Value of hull / inboard engine if fitted				
Value of outboard motors				
Value of dinghy / tender				
Value of road trailer / trolley				
Value of personal effects				
Value of special equipment				
Value of other items				
Please state the items				
Third party liability limit	<input type="checkbox"/> £2,000,000 <input type="checkbox"/> £1,000,000 <input type="checkbox"/> £500,000 <input type="checkbox"/> Specify your own value: £ _____			
Liability to water-skiers; select limit	<input type="checkbox"/> £1,000,000 <input type="checkbox"/> £500,000 <input type="checkbox"/> Specify your own value: £ _____			
Mooring location when in commission	<input type="checkbox"/> Swinging mooring <input type="checkbox"/> Canal Bank <input type="checkbox"/> Fore/Aft mooring <input type="checkbox"/> Inner Harbour <input type="checkbox"/> Non Tidal Riverbank <input type="checkbox"/> Marina <input type="checkbox"/> Ashore <input type="checkbox"/> Other			
Please detail mooring/storage location				
Are all moorings professionally maintained?	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">YES</td> <td style="width: 20%; text-align: center;">NO</td> </tr> </table>		YES	NO
	YES	NO		
If No, please advise details				



Commission periods	<input type="checkbox"/> 12 months <input type="checkbox"/> Specify your own period: _____
In Commission from	/ /
In Commission to Note: the vessel will be assumed to be out of commission on all other dates	/ /
Location of craft whilst out of commission	<input type="checkbox"/> Swinging mooring <input type="checkbox"/> Canal Bank <input type="checkbox"/> Fore/Aft mooring <input type="checkbox"/> Inner Harbour <input type="checkbox"/> Non Tidal Riverbank <input type="checkbox"/> Marina <input type="checkbox"/> Ashore <input type="checkbox"/> Other: _____
Out of commission location and security	

VERY IMPORTANT INFORMATION

Please read the following carefully:

- The questions on this Proposal Form, and any other details we specifically request, relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.
- FAILURE TO DISCLOSE MATERIAL FACTS WHETHER OR NOT THE SUBJECT OF SPECIFIC QUESTIONS MAY INVALIDATE YOUR INSURANCE
- We recommend you should keep a record, including copies of letters and this and of all information supplied to us for the purpose of entering this insurance.
- Agents of the proposer must be aware that the provision of false or inaccurate information may invalidate your Client's insurance and you accept and understand that Arthur J. Gallagher shall not be liable for any loss, damage or costs incurred arising as a result of your entering false or inaccurate information in relation to your Client's risk details onto this form in order to obtain a policy for your Client.

ADDITIONAL INFORMATION

Use this space to provide full details or if there is any other material information which you should disclose:



By signing below you confirm that the proposer has an existing business relationship as a Client of NFU Mutual. If you have any queries or wish to discuss any exceptions please contact NIS on 01933 303283 or email us on MutualMarketplace@NFUMutual.co.uk

I/we declare that:

- To the best of my/our knowledge, the answers given are true and complete.
- If any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf and not as the agent of Insurers.
- This proposal is for insurance in the normal terms and conditions of the Insurer's policy.
- The information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

Signed

Dated: