

Personal Watercraft Insurance Proposal Form



Groves, John & Westrup

Proposal Form

for Personal Watercraft Insurance

Data Protection Act In order to assist us in providing a fast and efficient service to our clients we maintain a database of all information provided on this form. We may share this information with Watkins Syndicate at Lloyd's. We may use this information as described in the policy document. If you object to our processing personal data, please advise us in writing on the page entitled 'Additional information' on the back of this form. Note: Groves, John & Westrup Limited are a Lloyd's Service Company and in matters of claims act upon behalf of Watkins Syndicate.

IF THE VESSEL IS OWNED BY MORE THAN ONE PERSON A SEPARATE PROPOSAL FORM MUST BE COMPLETED BY EACH PART OWNER.

Details of Proposer

1 Full name:.....

2 Date of birth:.....

3 Address of permanent or main residence:.....

.....

.....

..... Postcode:.....

4 Daytime telephone number:.....

5 email address:.....

6 Occupation(s) (note 1):.....

7 The name of your present insurers:.....

8 Give details of length and nature of experience of personal watercraft or other vessels and qualifications:.....

.....

9 Have you had any accidents or losses within the last five years in connection with any vessel owned or handled by (a) you (b) any other person who will be in charge of the vessel? YES NO

If yes, give details including year and any amount paid and the name of any insurers involved:.....

.....

10 Have (a) you (b) any other person who will be in charge of the vessel ever been charged with or convicted of any offence of dishonesty or any other offence which might affect the assessment of the risk? (note 2)

YES NO If yes, give details:.....

.....

11 Have (a) you (b) any other person who will be in charge of the vessel ever been declared bankrupt? YES NO

If yes, please give full details:.....

.....

12 Have you ever had insurance for any vessel (a) declined (b) cancelled (c) offered for renewal only at an increased rate? YES NO

If yes, please give full details including the name of the insurers involved:.....

.....

.....

.....

.....

13 Please state how many years you have been insured without having a claim:.....

14 (a) Date of purchase/acquired:.....

(b) Price paid (note 3):.....

(c) If you are not the owner of the vessel state your interest in the vessel:.....

.....

.....

.....

(d) Is your vessel subject to a marine mortgage? YES NO

If yes, give the name and address of the mortgage company to be noted on the policy:.....

.....

..... Postcode:.....

Details of The Vessel

PLEASE SUPPLY A RECENT PHOTOGRAPH OF YOUR VESSEL

15 Make:.....

16 Model:.....

17 Serial number of hull:.....

18 Year of build:.....

19 If the vessel is data tagged please give number:.....

PLEASE READ THE NOTES OVERLEAF BEFORE COMPLETING THIS FORM IN BLOCK CAPITAL LETTERS. **ALL QUESTIONS MUST BE ANSWERED. IF NOT THIS MAY CAUSE DELAY.**

Details of Use

20 Will the craft be used for private pleasure purposes only?

YES NO

21 Where will you use the craft? The cruising area is Inland and Coastal waters of the UK if you require an extension to this please advise details.....

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.....
.....

22 Place and type of storage including address and postcode:.....

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.....
.....
.....
.....
.....

23 (a) Do you want cover against liability to and of waterskiers?

YES NO

State amount £1,000,000 £2,000,000

(b) Do you want cover against liability to and of kneeboards, wakeboards, ringos, biscuits and tubes up to £1,000,000 ? YES NO

24 Do you require cover for inexperienced drivers? YES NO

If yes please advise their name and date of birth in the Additional Information on the back of this form.

25 From what date do you wish your insurance to start?

Date from: /

Values

28 Present market value of:

(a) Craft: £.....

(b) Trailer and/or trolley: £.....

TOTAL SUM INSURED £.....

I hereby declare that the above answers are to the best of my knowledge and belief true and correct.

Signed: (note 4)

Date:



