

Haven Knox-Johnston

YOU MUST GIVE TRUE AND FULL ANSWERS TO ALL THE QUESTIONS. IF YOU DO NOT DO SO YOUR INSURANCE COVER MAY NOT PROTECT YOU IN THE EVENT OF A CLAIM. Please answer questions in full (capitals please) using a ✓ where appropriate.

OWNER(S) (BLOCK LETTERS PLEASE)

Mr/Mrs/Miss		Surname		Forenames		Nationality		
Address								
Postcode		E-mail						
Tel.	(Home)		(Office)		Fax	(Home)	(Office)	
Occupation (Note 'Director' is NOT sufficient)						Date of Birth		
Experience	(a) in this type of craft				(b) in craft generally			
Qualifications								

DETAILS OF OWNER(S) if different from above

(Please give FULL details on space provided overleaf including particulars of any co-owners, if you are not the sole owner)

VESSEL

Name	Gross Registered Tonnage	Port of Registry	Serial No. of Hull
Is the vessel:	a) a conversion	NO	YES
	b) amateur built	NO	YES
	c) amateur completion of professionally built hull	NO	YES
Builders Name	Year built	Length	Beam
			Material of Hull
Date of purchase of vessel		Price paid for vessel ¹	

MACHINERY

	Makers Name	Year Built	B.H.P.	Serial No.
a) i) Inboard				
ii) Inboard/Outboard				
iii) Outboard				
b) Type of fuel used				
c) Maximum designed speed of vessel				
		knots/ mph (if over 17 knots / 20 mph refer to relevant section in wording)		
d) State number and make of fire extinguishers carried:				
	Hand	Remote	Automatic	
e) If the vessel has a maximum designed speed in excess of 17 knots and has inboard machinery, is it fitted with an automatic or remote control fire extinguishing system in the engine space				
	NO	YES	tank space	NO
				YES

SUM TO BE INSURED

	Price Paid ¹	Date of Purchase	Value to be insured (i.e. current market value) ²
Hull, Machinery, Gear, Equipment			£
Tender/Dinghy			£
Outboard Motor			£
Trailer Serial No.			£
Other (specify)			£
			£
TOTAL SUM TO BE INSURED			£

¹ The 'Price Paid' must EXCLUDE money spent since purchase in improving the vessel.

(FULL details of such expenditure must be provided if you wish that to be taken into account.)

² If the 'Value to be insured' is greater than the 'Price Paid' please provide details to justify that difference.

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USE OF CRAFT	NO	YES	PROPORTION OF TIME
Please confirm the use to which the vessel will be put			
A Charter skipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
B Commercial charter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
C Crew carrying/change over duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
D Stand by activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
E Surveys (Please describe nature of work including towing objects, lowering/raising equipment – add overleaf if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
F Water sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
G Laying moorings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
H Angling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
I Diving – (Please state whether commercial - add overleaf if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
J Commercial fishing – (Please describe your fishing methods, equipment and range - add overleaf if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
K Sightseeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
L Workboat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
M Tug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
If YES - will UK standard towing conditions apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
N Passenger Ferry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
O Pilot boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
P Cargo carrying operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Q Trawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
Other (Please detail)			<input type="text"/> %
Average number of days per annum used for the above			
Does the vessel operate under a local Council licence?	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Does the vessel operate under the DETR Code Of Practice for Small Workboats and Pilot Boats?	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
CERTIFICATION CATEGORY: 1-2-3-4-5-6			
Insert categories applicable	<input type="text"/>		
Maximum limit from Safe Haven or Nominated Port	<input type="text"/>	Nautical miles	
<i>Please provide details of any other licences. Commercial fishing, passenger ferry etc</i>			
Licence issued by	Licenced activity		
What is the maximum number of passengers carried at any one time	<input type="text"/>		
What is the maximum number of crew carried at any one time	<input type="text"/>		
Are any of these crew paid	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Is anyone who will be on board the vessel employed under a written contract of employment with the owner and/or anyone else in respect of the operation of the vessel	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
<i>Failure to comply with the terms of your licence, or if you do not have the necessary licence, may result in your insurance being invalidated</i>			
Please provide details of any single-handed or night passages aspect of your work	<input type="text"/>		
<input type="text"/>			

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DETAILS OF MOORINGS

Where will the vessel be moored during the 'in commission' period

IF AFLOAT

Marina

Swinging

Fore & aft

Mud berth

Other (specify)

IF ASHORE

Locked storage

Caravan site

Locked compound

Wheelclamped trailer

Other (specify)

CRUISING RANGE

a) Inland and coastal waters of Great Britain, Channel Islands, Isle of Man, Isles of Scilly & Ireland up to 25 miles

offshore or Maritime and Coastguard Agency Certificate if more restrictive

b) other (specify)

State the amount of, and percentage of, 'No Claim Bonus' allowed at last renewal and name of insurer

(attach your most recent renewal notice if you wish to transfer your 'No Claim Bonus')

%

INSURANCE HISTORY

Have you or any person who might use the vessel with your permission had an insurance or a renewal of an insurance on any vessel declined or special terms imposed?

NO

YES

Have you or any person who might use the vessel with your permission had any accidents or losses in respect of the vessel?

NO

YES

Have you or any person having an interest in the vessel or who might use the vessel with your permission been charged with or convicted of any criminal offence (excluding road traffic offences)?

NO

YES

Is the vessel the subject of a mortgage or finance agreement?

NO

YES

If the answer to any of the above questions is YES please provide FULL details below.

Additional Information

DATA PROTECTION

To consider your request for insurance cover or administer subsequent dealings in respect of your insurance we must process your personal data and where appropriate your 'sensitive' personal data and in doing this we will comply with the provisions of the Data Protection Act 1998.

Unless required by Law or as necessary to effect or administer your insurance none of your personal data (even if not 'sensitive') will be disclosed without your consent to any person or organisation, or used for any purpose.

The Data Controller is Amlin Underwriting Services Limited.

DECLARATION

All material facts must be disclosed to underwriters whether or not the subject of a specific question above. A material fact is one which an underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the above particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between myself and the underwriters if a policy is issued. I further declare and agree that if the statement and particulars above have been completed in the handwriting of any person other than the undersigned, such person is deemed to be the agent for the proposer for the purpose of completing this proposal.

Signed

Name

Date

The signing of this form does not bind the proposer to complete the insurance. A copy of the specimen wording will follow with a quotation or upon request.

IMPORTANT: The proposer should keep a record (including copies of the proposal form and letters) of all information supplied to the underwriters for the purpose of entering into the contract. A copy of the completed proposal form will be supplied upon request.