



Water Craft Quote Request Form

Insured Details

Insured(s) Name: _____

Postal Address _____

Contact Number _____

Email Address _____

Insured Date of Birth _____

Retired _____

Coverage Details

General Information

Is the water craft you wish to insure located outside of Australia?

Has the water craft been privately imported from outside Australia?

Is your hull or motor modified or performance enhanced in any way?

Have you had the water craft uninsured for the past 12 months?

Is the vessel, or will it be under construction or undergoing major refit?

Interested Party/Finance Company _____

Total Sum Insured: \$ _____

Do you want to insure for Market Value or Agreed a Value?
For agreed value a current valuation from a boat dealer or broker must be supplied.

Usage:

Commercial Only:

Number of passengers: _____

Is food and/or drink provided?

Skipper?

Date cover is required: _____

Liability:

Racing: Is the boat used for official and/or organised racing and/or speed trials?

If yes please provide details: _____

Maximum distance required for any one race (Nautical Miles)? _____

Purchase/Sale Details: Purchased From: _____

Purchase Date: _____

Purchase Price: _____

Have you advertised the boat for sale during the last 12 months?

If yes, for how much? _____

Boat Details:

Type: _____

No. Hulls: _____

Build: _____

Year Built _____

Make & Model: _____

Length: _____

Construction: _____

H.I.N No. _____

Boat Name _____

Survey: Has your boat been surveyed? _____

Date of last survey: _____

Please attach a copy of the last Survey

Maximum Speed (knots) _____

Fire Extinguishers: _____

Equipment & Accessories: _____

Please list each item and their values

Motor Details:

Motor Mount: _____

Type of Motor _____

Fuel: _____

Turbo Charged _____

No. of Motors _____

Year Built _____

Make and Model: _____

Serial No. _____

Power (HP) _____

Trailer Details: *Below section to be completed for trailerable craft only*

Year Built _____

Make & Model: _____

Reg No. _____

Length _____

How is the boat stored? _____

Storage Address: _____

Lay Up Cover: _____

Please advise the months the vessel is being layed up _____

Layup Address: _____

Mooring Details: Below Section to be complete for Moored craft only

Type of Mooring:

Mooring Address: _____

Transit: Do you require land transit cover?

Yacht/Sailcraft Only

Mast	Construction:	_____
	Age of Mast	_____
Rigging	Date last inspected:	_____
	Type of rigging:	_____
	Number of spreaders?	_____
	Type of Spreaders?	_____
	Running Backstays?	_____
	Age of Rig	_____
Sails	Date last Inspected:	_____
	Number of sails?	_____
	Material	_____
	Age of sails:	_____
	Date last Inspected:	_____

Reg/Sail No.:

Disclosures - If you answer yes to any of the below please provide full details including the date of occurrence, description and costs involved

Have you or any other owner of the boat suffered any fire, malicious damage or burglary claims on any previous insurance Policy?

Have you or any other owner of the boat suffered any marine or at fault motor claims in the last 5 years?

Has any insurer ever refused to renew/cancel or terminated a policy?

Has any insurer ever refused a claim or required an increased premium under a policy?

Has any insurer ever imposed special conditions under a policy?

Have you ever been convicted of any criminal offence?

Have you ever been declared bankrupt?

Details for any of the above to be listed below:

