

Bowline

BOWLINE INSURANCE PROPOSAL FORM

Proposer's Details

Full Name

Date of Birth

Address Line 1

Address Line 2

Address Line 3

County Postcode

Contact Name Telephone No:

Email Address Mobile No:

Occupation / Nature of Business.

Names of Other Joint Owners / Mortgage / Finance

Are you entitled to No Claims Bonus from a previous Insurer? Yes No

If Yes, Please state entitlement in percentage or years and policy details.

% No of Yrs

Insurer Name: Policy No:

Do you have any previous boating experience of qualifications for this type of Craft?

Yes No

If Yes, Please give full details.

Have you had any accidents or losses in the past five years in connection with any craft you have sailed or owned?

Yes No

If Yes, Please give full details.

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 offence other than driving offences or been refused insurance or had terms imposed?

Yes No

If Yes, Please give full details.

//////Boat Details

Name of Craft

Manufacturer

Model / Type

Year Built

Serial No / HIN No:

Date of Purchase

Price paid

Proof may be required.

State Maximum Speed **MPH** **Knots**

Length of Craft

Construction

NB: If your boat is not professionally built or built from timber we will require full details.

Details:

//////Engine Details

Inboard Outboard Single Twin

Make

Outboard Serial No:

***Outboard motors must be secured to your boat with an outboard motor lock.**

HP of each:

<input type="text"/>	Diesel	<input type="text"/>	Petrol	<input type="text"/>	LPG	<input type="text"/>	Other	Details	<input type="text"/>
HP	<input type="text"/>	HP	<input type="text"/>	HP	<input type="text"/>	HP	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use

 Residential

 Towing / Toys

 Waterskiing

 Racing Risks
(Please provide details.)

If Racing Risk, Please provide full details.

If this craft is not solely used for private, pleasure use, please provide full details of all commercial use and experience of the Skipper.

Schedule of Insurance

Hull / Inboard engine. (If Fitted)	£
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Outboard Motors	£
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Dinghy / Tender	£
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Road Trailer / Trolley	£
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***Trailers must be secured with an approved wheel clamp or trailer hitchlock.**

Personal Effects	£
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Special Equipment	£
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Sails / Rigging	£
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Other:

	£
	£
	£

Total Value Insured.	£
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NB: All Amounts shown should represent current market value.

Fire and Security Precautions

Fire Precautions – Please detail all Extinguishers.

Make:

Type of Fire Extinguishers:

Water

Manual

Dry Powder

Automatic

Locations:

Other.

Please provide more details.

When last serviced?

DD MM YY

Do you use bottled gas?

Yes

No

If Yes...

Is it in a self contained in a self draining locker which drains overboard?

Yes

No

Does delivery tubing conform to the British Standard?

Yes

No

Security

Is your boat fitted with:

Purpose made burglar alarm?

Yes

No

Any other precautions to prevent theft?

Yes

No

If Yes: Please provide full details:

//////Moorings

Specify Mooring Location.

When was the Mooring Laid?

Who By?

When was it last inspected?

Who by?

Laid up period

DD	MM	YY
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 TO

DD	MM	YY
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Select cruising range

- Inland and non tidal waters of the United Kingdom
- Inland and coastal waters of the United Kingdom.
- Mediterranean Waters.
- North Sea Brest-Elbe limits
- Other

If Other, please provide more information.

It is agreed that this form shall be the basis of the contract should a policy be issued and that no information has been withheld that is necessary to enable the underwriters to estimate the risk.

////// Navigating Limits & additional Information

Please supply additional (In relevant) information on a separate sheet, If necessary.

Signature

All questions **MUST** be answered in full where appropriate. Please complete all details in **BLOCK CAPITALS** and initial any alterations. It is essential that you provide us with **ALL MATERIAL FACTS**. A **MATERIAL FACT** is one that would be likely to influence our assessment and/or acceptance of your proposal. If you are in any doubt as to whether a particular item of information is material you should **DISCLOSE IT**. Failure to disclose all material facts may invalidate your insurance or may result in the insurance not operating fully. You should keep a record of all information supplied to us (including copies of letters). A copy of the proposal will be supplied to you if requested within three months of it's completion.

WE RESERVE THE RIGHT TO DECLINE ANY PROPOSAL. NO COVER IS IN FORCE UNTIL ACCEPTANCE IS CONFIRMED BY US.

Unless we have agreed otherwise with you this insurance is governed by English Law.

Insurance required for from

Signature Date:

NB: All co-owners must sign

Signature of Proposer(s) – Where there is a joint ownership, all co-owners must sign this proposal.

Signature 1) Date

Signature 2) Date

Signature 3) Date

Payment

PAYMENT OPTIONS

If you wish to pay by credit card please phone IRCM, we are happy to do this over the phone.

Tel: 01902 796793

Direct Debits can also be set up over the phone for amounts from £100 to £5000 subject to a service charge of 5.3% APR (14.9%) over 10 months (subject to status) rates may vary).

BACS – Our bank account details are:

Bank of Scotland
Sort code: 12-05-65
Account No: 06065178

Insurance Risk & Claims Management Limited is Authorised & Regulated by The Financial Services Authority
FRN: 304632

Introducer	
Reference No.	