Marine Hull Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents. All fields are mandatory. Please do not leave any field blank.
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Details of the Vessel

Name of the Vessel: _____

Registry No: _____
(Please attached the Registry copy)

Flag: _____

Seating Capacity: _____
(Please attached the Passenger Certificate)

Use of the Vessel: _____

Net Tonnage: _____

Detail of Hull

Builder's Name: _____
(Please attached the Builder's Certificate)

Type of the Vessel: _____

Material: _____ Year of Build: _____

Length: _____ Beam: _____ Draft: _____

Gross Tonnage: _____

Type of Propeller: _____

If chartered, what is the maximum permissible number of persons you may take on board any one time? _____
(Including crew members)

Machinery Details

Type of Engine: ☐ Inboard ☐ Outboard **Engine Serial No(s):** _____

Engine Year Build: _____ Capacity of engine/Horse Power: _____

Make and Model: _____ Date of the last overhaul and nature: _____

Date of Last Survey (if any): _____ Name of the Surveyor: _____
(Please Attached the Surveyor's Report)

Compressor:
Make and Model: _____ Year Build _____ Serial No: _____

Generator (s):
Make and Model: _____ Year Build _____ Serial No: _____

Water Pump:
Make and Model: _____ Year Build _____ Serial No: _____

Other Machinery/ Equipment: _____

Skipper Information: We must be advised of any change of skipper

Name of main skipper: _____ ID/Passport No: _____
(Please attach a copy)

Address: _____

Licence No: _____
(Please attach a copy)

Contact No: _____

How long has the skipper Commanded the sailing vessels? _____

Knowledge of waters to be Sailed?
☐ Yes ☐ No

No. and Details of Crews:
(Please attached the details, ID/Passport copy

_____

Any previous Loss records?
(If YES, please attached record for past three years)
☐ Yes ☐ No

Cover required:

Type of Insurance required: _____

Trading Limits: _____

Passenger Liability: _____

Date of Purchase and Price paid:

_____

Present Value:

_____

(If the sum insured requested is higher than the purchase price
Please advise reason)

Value to be insured:
(Please attach the Valuation Report)

Hull: _____

Engine(s): _____

Compressor: _____

Generator: _____

Water Pump: _____

Other Machinery/
Equipment: _____

Total Sum Insured: _____

Period of Insurance: From: _____ To: _____

General Information:

Is the boat equipped with:
- Automatic Water Pump? ☐ Yes ☐ No - Transmitter Receiver? ☐ Yes ☐ No

- Fire Extinguisher? ☐ Yes ☐ No - Geographic Positioning System? ☐ Yes ☐ No

- Life Saving Equipment? ☐ Yes ☐ No

Expiry date of existing cover: (If any) _____ Name of the Previous Insurer: (If any) _____

Detail of the Previous Owner of the Vessel, Name and Registry No: (If any)
_____

Have you ever had a loss before? ☐ Yes ☐ No
If YES, please give particulars:
_____
_____

How many times a year is the bait hauled ashore for maintenance?
_____

Is there any Insurance on the same property in force with this or other Insurance?
If YES, state the amounts and the names of the Companies: ☐ Yes ☐ No
_____

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company?
☐ Yes ☐ No

Please enclose with this Proposal a recent Survey and Valuation Report, Photographs, and any additional information to the Vessel and Operation which you feel may be useful to the Company in assessing the risk

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp:

Office use only

Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: