

**MARINE PROPOSAL FORM FOR FISHING VESSELS**

ALL QUESTIONS TO BE ANSWERED. NO SPACES TO BE LEFT BLANK.

|   |                |
|---|----------------|
| 1. Person applying for Insurance Proposer   |                |
| (a) Name in full  | _____          |
| (b) Email Address   | _____          |
| (c) Location Address  | _____          |
| (d) Mailing Address<br><i>(if not same as above)</i>  | _____          |
| (e) Telephone No.   | (f) Mobile No. |
| 2. (a) Are you the owner of the boat?   | _____          |
| (b) Is it registered in your name?  | _____          |
| 3. (a) Name of the Boat.  | _____          |
| (b) Licence Number.   | _____          |
| (c) What is its construction?   | _____          |
| (d) Are there any other identification marks?   | _____          |
| 4. Measurements   |                |
| (a) Length:   | _____          |
| (b) Width:  | _____          |
| (c) Draught:  | _____          |
| 5. (a) In what year was the boat built?   | _____          |
| (b) Year of the last major reconditioning.  | _____          |
| (c) Name and address of the builder.  | _____          |
| 6. Where is the boat normally moored?<br>State whether anchored or hauled ashore.                     | _____          |
| 7. Is the boat registered with the Fisheries Division?<br>If so, give date and No. of registration.   | _____          |
| 8. Date of the last survey for seaworthiness.<br>Please attach Certificate or Report currently valid. | _____          |
| 9. Engine   |                |
| (a) Capacity:   | _____          |
| (b) Make:   | _____          |
| (c) Number:   | _____          |
| (d) When installed:   | _____          |
| (e) Certificate of maintenance or fitness.  | _____          |
| 10. (i) Value declared for insurance:   |                |
| (a) Boat  | _____          |
| (b) Engine  | _____          |
| (c) Fishing Gear  | _____          |
| (ii) What in your opinion is the market value of the boat including engine?                           | _____          |

| 11. Claims History in the past five (5) years.   |               |                      |                      |
|--|---------------|----------------------|----------------------|
|  | No. of Claims | Circumstance of Loss | Total Amount of Loss |
| 2012   |               |                      |                      |
| 2013   |               |                      |                      |
| 2014   |               |                      |                      |
| 2015   |               |                      |                      |
| 2016   |               |                      |                      |
| 2017   |               |                      |                      |
| 12. Has any Insurer at any time: -   |               |                      |                      |
| (a) Declined your proposal? _____  |               |                      |                      |
| (b) Imposed special conditions to insure you? _____  |               |                      |                      |
| (c) Cancelled or refused to renew an existing policy on your vessels/s? _____  |               |                      |                      |
| <b>If so, state full details.</b>  |               |                      |                      |
|  |               |                      |                      |
|  |               |                      |                      |
| 13. What is the maximum distance from shore your vessel is likely to go for fishing purposes? _____                          |               |                      |                      |
| 14. Will the boat be laid up for a period exceeding 4 consecutive weeks for any reason? _____                                |               |                      |                      |
| <b>If so, please give details.</b>   |               |                      |                      |
|  |               |                      |                      |
|  |               |                      |                      |
| 15. Does your boat have any navigational aids, wireless equipment, flares, life-saving equipment, first-aid kit, etc.? _____ |               |                      |                      |
| <b>Please give details.</b>  |               |                      |                      |
|  |               |                      |                      |
|  |               |                      |                      |
| 16. PERIOD OF INSURANCE REQUIRED   |               |                      |                      |
|  |               | FROM: _____          |                      |
|  |               | TO: _____            |                      |
| 17. Is there any purchase agreement with a financial institution? _____  |               |                      |                      |
| <b>If so, please state name of Institution and extent of their financial interest.</b>                                       |               |                      |                      |
|  |               |                      |                      |
|  |               |                      |                      |
|  |               |                      |                      |

**Declaration**

I/We desire to insure with Trident Insurance in respect of the fishing boat described in the above proposal. I/We warrant that the above statements are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We agree that this proposal shall be the basis for the proposed contract between me/us and Trident Insurance Company Limited and I/We agree to accept a Policy in Trident Insurance usual form for this class of insurance.

Signature of Proposer \_\_\_\_\_ Date \_\_\_\_\_

| FOR OFFICE USE ONLY |                 |                          |
|---------------------|-----------------|--------------------------|
| POLICY NO:          | INCEPTION DATE: | 1 <sup>ST</sup> PREMIUM: |
| UNDERWRITER'S NAME: | RENEWAL DATE:   | RENEWAL PREMIUM:         |

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