



**MARINE PROPOSAL FORM**

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

1. Person applying for Insurance Proposer	
(a) Name in full	
(b) Date of birth	(c) Occupation
(d) Email Address	
(e) Location Address	
(f) Mailing Address <i>(if not same as above)</i>	
(g) Telephone No.	(h) Mobile No.
(i) Name and address of mortgagee or other Insured as applicable	
(j) Have you or any member of your family normally residing with you, captain, crew or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(k) Have you or any person in (j) above suffered from diabetes, epilepsy, heart condition controlled by drugs? If 'yes' to either question give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Boat Handling experience and insurance record	
(a) What are your special qualifications for Boat handling? E.g. Yacht Masters Certificate	
(b) Number of years as owner or crew of this type of Craft	
(c) What accidents, incidents, losses or insurance claims have happened during the past five years in connection with any vessel you have sailed or owned?	
(d) Have you previously insured any vessel? If yes, state which insurer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Have you ever had an insurance on your boat	
i. Cancelled	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Refused at renewal	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Renewed only at increased terms	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, state circumstances.	
3. Period of Insurance	From: To:
4. Berth	
Vessel will be based:	
(a) Ashore when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Afloat on moorings	<input type="checkbox"/> Yes <input type="checkbox"/> No
At: (if marina, state name. If not marina give details of type of mooring and precise location)	
5. Do you require the vessel to be insured during any inland transits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	
6. How and where will the vessel be protected in case of hurricane warning?	

7. Laid up out of commission	
(a) Will vessel be laid up ashore out of commission for part of the year? If so, please state dates	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Give details and location where vessel will be stored whilst laid up and caretaking arrangements	
8. Navigating Limits State Cruising Range required	
9. Use of Vessel	
(a) Private pleasure only? If 'no', state intended use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Do you have a full time professional master? If 'no', state intended use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) What accidents, incidents, losses or insurance claims, if any, have they been involved in during the past 5 years	
(d) Will any other person allowed to be in charge? If 'yes', give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Will the vessel be sailed single handed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Hull Details	
(a) Name of Vessel	(b) Type/Class
(c) Length Overall	(d) Manufacturer
(e) Serial Number or Reg. Number	(f) Year Built
(g) Length Overall	(h) Beam
(i) Material of Hull	(j) Max. designed speed with present engine(s)
(k) Has the vessel proposed for insurance been subject to	
i. Conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Modification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Amateur construction If 'yes' give full details	<input type="checkbox"/> Yes <input type="checkbox"/> No
(l) What system is used for:	
i. Lighting	
ii. Cooking?	
iii. Heating?	
11. Main Engine Details	
(a) Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard	<input type="checkbox"/> Single <input type="checkbox"/> Twin
(b) Make/Model	(e) Fuel Used
(c) Engine Serial Number(s)	(f) Year of Make
(d) Horsepower of each	
(g) If inboard engine(s). Are they the original engines installed by the builder of the Hull? If 'no' attach note giving details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Details of Fire Extinguisher System	
(a) Has the vessel been surveyed by a qualified surveyor during the last year? If 'yes', please provide a copy of the report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Details of Dinghy/Tender to parent vessel	
(a) Manufacturer	(b) Year Built
(c) Length	(d) Identification/Serial No.
(e) Manufacturer's Identification/Serial Number	
14. Details of any auxiliary outboard motors – not already shown above	

15. Details of Trailer			
(a) Manufacturer _____		(b) Year Built _____	
(c) Identification/Serial No. _____			
16. Schedule of Insurance			
	Value to be insured	Date Purchased	Purchase Price
Hull & Equipment including Inboard Engine (if any)			
Outboard Motor(s) to Parent Vessel			
Special Equipment – attach valued list			
Dinghy/Tender to Parent Vessel (N.B. must be permanently marked with name of Parent Vessel)			
Outboard Motor(s) to Dinghy/Tender			
Trailer			
Personal Effects (Max. \$500.00 insured unless higher figure requested)		Not Applicable	Not Applicable
<b>Total to be Insured</b>		<b>Not Applicable</b>	<b>Not Applicable</b>
17. Liability to Third Parties			
(a) Please state limit of indemnity required		\$ _____	
(b) Do you require cover in respect of liability to and of water skiers or persons engaged in similar water sports from your boat? (Restricted limit may apply)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Medical Payments Limit Please state higher limit if required (\$2,000.00 applies unless otherwise agreed)			
19. Racing Risk Extension (if required for sailing vessels) Please state total new replacement value of sails, masts, spars, standing and running rigging			
20. Do you wish to bear a voluntary deductible in addition to any compulsory deductible required by Trident Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please indicate the additional amount required.			
21. Any other information which is likely to influence Trident Insurance in regard to this proposal.			
<b>Declaration</b>			
I/We hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I/We have not withheld any information which is likely to influence the decision of Trident Insurance in regard to this proposal.			
Signing this form does not bind the Proposer to complete the Insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to Trident Insurance until this proposal has been accepted.			
Signature of Proposer _____		Date _____	

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

Trident Insurance Financial Centre,  
 Highway 7, Hastings, Christ Church, BB15154, Barbados, W.I  
 Tel: (246) 431-2347 Fax: (246) 427-5750  
 E-mail: [trident@tridentins.com](mailto:trident@tridentins.com)  
 Website: [www.tridentins.com](http://www.tridentins.com)