

# JET SKI PROPOSAL FORM

THIS DOCUMENT CONSTITUTES AN INTERGRAL PART OF THE POLICY DOCUMENT ISSUED  
PLEASE ANSWER ALL QUESTIONS IN FULL

Insured Names										
Address										
Contact Details				E Mail		Cell				
				Home Phone		Work Phone				
Broker			Phone			Fax				
Contact Person			E Mail			Cell				
Jet Ski Details		Type	Make	Model	Year Built		Registration Number Serial Number / Vin Number	Horse Power	Value	
		Hull / Motor							R	-
		Trailer							R	-
		Accessories							R	-
									R	-
								Total Sum Insured	R -	
Storage		Where is the Jet Ski Stored								
		How is the Jet Ski Stored								
		What security measures are in place to protect your Jet Ski								
Purpose		Will the Jet Ski be used for private purposes only?			Yes		No			
		If No Please provide details of use								
Geographical Limits: What are the geographical limits in which you will use your Jet Ski?										
What accidents, losses, or insurance claims have you experienced during the last five years?										
Insurance Cover Subject to all the applicable SAMSA Regulations to operate a Jet Ski from 15hp or Greater										
Category R: Inland Waters										
Category E: Operating not more than 1 Nautical Mile Offshore										
Category D: Operating less than 5 Nautical Miles From Shore										
Required Certification: 1: Buoyancy Certificate, 2: Certificate of Fitness, 3: Certificate of Competency										
Third Party Liability Provided					R		250 000.00			
Declaration										
I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the insurers in regards 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 the Insurers until this proposal has been accepted.										
Please forward Colour Photograph of The Vessel										
Please provide any other information which is likely to influence the Insurers in regard to this proposal										
Signature of Proposer								Date		