



TTM Risk (Pty) Ltd  
Company Reg. Number: 2005/021322/07  
VAT Registration Number: 4450224862  
An Authorised Financial Services Provider  
FSCA Licence Number: 24875

# PROPOSAL FORM

## PRIVATE PLEASURE CRAFT INSURANCE

Before completing this proposal please note that failure to disclose all material information, i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

A specimen Policy is available on request. Remember to sign and date the Declaration at the end of the form. **Please write in block capitals or tick the boxes as appropriate.**

## 1. PERSON APPLYING FOR INSURANCE Proposer

(a) Name (in full)

(b) Age:  (c) ID No.:

(d) Occupation

(e) Address

(f) Contact Numbers:

Cell:	<input type="text"/>
Tel:	<input type="text"/>
Fax:	<input type="text"/>

## 2. BOAT HANDLING EXPERIENCE

(a) Number of years as owner of this type of craft

(b) Number of years as owner of other craft (state type)

(c) Number of years as crew on craft

(d) State which of the following Qualifications you have

- i) Skippers Ticket
- ii) Yacht Masters Certificate
- iii) CASA Certificate
- iv) Other (indicate which)

(e) Are you a member of a Yacht Club?

Yes ☐

No ☐

If 'Yes' give details

(f) 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?

Yes ☐

No ☐

If 'Yes' give details

(g) Have you or any person in (f) above suffered from diabetes, epilepsy, heart conditions or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs?

Yes ☐

No ☐

If 'Yes' give details

3)(a) Have you previously insured your vessel?

Yes ☐

No ☐

If 'Yes' what Company?

(b) What accidents, losses or insurance claims have you experience during the past five years

(c) Indicate which of the following has occurred

- (i) Your Insurance cancelled by insurer
- (ii) Renewed at increased terms
- (iii) Insurance refused at renewal

Give details

4) Insurance to be 12 months from

5)(a) Where is the vessel normally kept?

(b) What security measures are in place to protect your vessel?

(c) If moored state marina and location

(d) Are the moorings professionally laid and maintained?

☐

(e) Do you require cover for road transit?

☐

## 6) NAVIGATIONAL LIMITS

Indicate in which of the following the vessel will be navigating (in the space provided below)

- i) Inland waters of RSA
- ii) Inland and coastal waters of RSA
- iii) Coastal waters not exceeding 5 nautical miles from coastline
- iv) Coastal waters not exceeding 10 nautical miles from coastline
- v) Coastal waters not exceeding RSA territorial waters
- vi) International sailing (full itinerary required)

## 7) USE OF VESSEL

(a) Private and pleasure only Yes ☐ No ☐

If 'No' state intended use

(b) Do you require cover for single handed sailing?

Yes ☐ No ☐

(c) Will you require cover for racing under sail?

## 8) VESSEL DETAILS

(a) From whom did you purchase the craft?

b. What was the purchase price

R

c. Name of Vessel

d. Type / Class

e. Serial Number

f. Material of Hull

g. Manufacturers Name

h. Year Built

i. Overall length

j. Beam

k. Max. designed speed with present engine/s

## 9. ENGINE/MOTOR DETIALS

Is your motor/s

Inboard ☐ Outboard ☐ Single ☐ Twin ☐

Make

Model

Serial Number(s)

Horsepower of each

Fuel Used

Year of Make

Date of last overhaul

10. Is the craft subject to HP agreement? If 'Yes' state

Institution:

Period of HP

Account Number

## 11. SECURITY

What security arrangements do you have for?

Stored vessel

Outboard motor/s

Road Trailer

How is the trailer and craft immobilized when unattended?

## 12. SCHEDULE OF INSURANCE

Indicate the required insurance values for:

Hull, inboard machinery and gear	R
Sails	R
Masts	R
Spars	R
Rigging	R
Outboard Motor/s	R
Dinghy / Tender	R
Trailer	R
Total Specialized Equipment	R

**TOTAL INSURED VALUE** R

**\*A VALUED ITEMISED INVENTORY OF SPECIAL EQUIPMENT MUST BE ATTACHED**

13. Third Party Liability: Please tick Limit of Indemnity required:

R 500 000	R 1 000 000	R 2 500 000	R 5 000 000
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Water Skiers Liability: Please tick if required

R 250 000
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14. Is your vessel registered?

Yes ☐ No ☐

If 'Yes' with whom?

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Please provide a photocopy of your registration logbook.

15. Any other information which is likely to influence the Insurers in regard to this proposal?

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**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 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 the Insurers until this proposal has been accepted.

Date:	Signature of Proposer:
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Broker / Agent:
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Before attaching, please ensure the following is forwarded to Insurers:

Completed and signed proposal form.

Colour photograph of vessel

Photocopy of registered log book if registered

Valued itemized inventory of all specified equipment