



# 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 insurer 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: \_\_\_\_\_

If chartered, what is the maximum permissible number of persons you may take on board any one time? \_\_\_\_\_

(Including crew members)

#### 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: \_\_\_\_\_

**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: \_\_\_\_\_

Contact No: \_\_\_\_\_

(Please attach a copy)

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:**

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

Type of Insurance required: \_\_\_\_\_

Hull: \_\_\_\_\_

Trading Limits: \_\_\_\_\_

Engine(s): \_\_\_\_\_

Passenger Liability: \_\_\_\_\_

Compressor: \_\_\_\_\_

Date of Purchase and Price paid:  
\_\_\_\_\_

Generator: \_\_\_\_\_

Present Value:  
\_\_\_\_\_

Water Pump: \_\_\_\_\_

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

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**

I confirm that I, or any member of my family or any of my associates, do not hold any position at a public office of prominence, nor have held any such position in the past.

I confirm that I, or any member of my family or an associate, hold or have held a position at public office of prominence

**Declaration**

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(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: