

BUILDERS RISK/TRANSIT CARGO INSURANCE APPLICATION

PLEASE ANSWER
ALL QUESTIONS



POLICY No.: _____

INSURED'S NAME (in full): _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

SUBURB: _____ P/CODE: _____ OCCUPATION: _____

PHONE (H) (____) _____ PHONE (W) (____) _____ FAX (____) _____ MOBILE _____

Are you registered for GST? Yes No If yes, ABN Number: _____

To what extent are you entitled to claim an Input Tax Credit on your insurance premiums _____%

Registered Business Name: _____

Car Drivers Licence No. _____ Expiry Date: ____/____/____ Boat Drivers Licence No. _____ Expiry Date: ____/____/____

Have you ever had a quote, cover note or policy arranged by Club Marine? Yes No Client Number _____

INSURED

Have you or any other owner of the boat: _____ (Note: The history questions must be completed by the Insured.)

Ever had a claim refused or cancelled or declined or special conditions imposed on a boat policy in the last 5 years? No Yes – Please attach details

Suffered claims of any nature in the last 5 years? No Yes – Dates, Details & Insurance Company

Been convicted of, or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property in the last 5 years? No Yes – Please attach details

Been declared bankrupt & not discharged within the last 12 months? No Yes – Please attach details

Are you a member of a Boating Association? No Yes – Please attach details

If yes, Name of Association and Membership No _____
Number of years of boating experience? _____

HISTORY

PERIOD OF INSURANCE: From: _____ to 4.00 pm: _____

SECTION 1 – BOAT COVER - TOTAL SUM INSURED \$ _____ (Boat cover includes: Hull, Motor, Trailer, Mast, Spars, Rigging and Sails, Equipment and Accessories.)

SECTION 2 – THIRD PARTY LEGAL LIABILITY – Personal injury and property damage

(Not applicable to Transit Cargo Risks)

Select Third Party Cover Required: \$1,000,000 \$5,000,000 \$10,000,000 \$ _____

TOTAL CHARGES:
(inc. GST) _____

EXCESS: \$ _____

COVER AGE
DETAILS

Interested Parties (if applicable) _____

BOAT COVER (It is important that all serial/registration numbers are completed.)

	Make and Model	Year Built	Registration/Sail or Serial Number	Length/HP/Construction	HIN/VIN Number
Hull					
Motor	1				
Motor	2				
Trailer					

BOAT
DETAILS

BOAT NAME: _____

We have the facility to record your equipment and accessories if required. Please attach list.

Type of Motor: Inboard Outboard Rear Mount Mid Mount Sterndrive Jet
Maximum Speed of Boat: _____ knots/ _____ kph

Fuel: Diesel Petrol Gas
Turbo-Charged: Yes No
Fire Extinguishers: None Manual Automatic
Description: _____

