

Builders Risk / Transit Cargo Insurance Application Form



Agency: _____

Quotation No.: _____ Policy No.: _____

Insured Details

The Insured(s) (in full): _____ Date of Birth: _____

Address: _____ Post Code: _____

Telephone: (Home) _____ (Business) _____

Mobile: _____ Fax: _____

Email: _____ Occupation: _____

Car Drivers Licence No: _____ Expiry Date: ___/___/___ Boat Drivers Licence No: _____ Expiry Date: ___/___/___

Interested Parties: _____

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

Registered Business Name: _____

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

Has the insured(s): Ever had insurance refused or cancelled? Yes No

Suffered boat or theft claims in the last five years? Yes No

Been convicted of any offence in the last five years? Yes No *(If you have ticked yes to any of these questions, please supply the details and date.)*

Risk Details *(Duty of Disclosure overleaf)*

Boat Name: Period of Insurance from: _____ to _____

Boat Cover

Hull: Type: _____ Make: _____

Model: _____ Year of Const: _____ Length: mtr _____ /ft _____

Reg /Sail No: _____ Const. Material: _____ Max Speed: _____ kts

Motor/s: Make: _____ No. of _____

Serial No: _____ Year: _____ Motor/s Power: _____ HP

Type of motor: Inboard Outboard Stern drive Jet

Other (details): _____

Inboard runabout: Rear mount Mid mount

Other (details): _____

Fuel: Petrol Diesel Gas

Other (details): _____

Trailer: Make: _____ Year: _____

Registration No: _____ Length: _____

Mast, Spars, Rigging & Sails:

Running backstays Yes No Inline Spreaders Yes No
2 or more

Sweptback Spreaders 3 or more Yes No Carbon Mast Yes No

Rod Rigged Yes No Age of rig _____

Legal Liability *(Not applicable to Transit Cargo Risk)*

Select liability required: \$5,000,000 \$10,000,000

Total Sum Insured	
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Liability Cover <small>(Not applicable to Transit Cargo Risk)</small>	
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Total Premium	
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Excess	
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Transit/Cargo

Port/Location of Departure: _____ Date of Departure: ____ / ____ / 20

Port/Location of Destination: _____ Date of Arrival: ____ / ____ / 20

Name of Carrier for Land/Air Transit: _____

Name of Ship for Cargo: _____

Name of Shipping Line: _____

Builders Risk

Construction Site Description: _____

Construction Site Address: _____

Construction Site Security: _____

Contract Builder Owner Builder Was the Hull purchased? Yes Details _____

Commencement Date of Construction: ____ / ____ / ____ No Completed Value \$ _____

Present Stage of Construction: _____

Estimated Construction Period: _____ Will the boat be launched prior to completion? Yes No

Will the boat be lived on during construction? Yes No Designer and/or Builder? _____

Declaration

Your Duty of Disclosure

We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you.

To comply with your duty of disclosure when first entering into an insurance contract with us, you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the questions we ask you. This applies to every insured under the policy.

If you fail in your duty of disclosure we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make a false statement we may avoid your contract and treat your insurance as if it never existed.

You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.

Privacy Act Requirements

The Privacy Act 1988 contains National Privacy Principles which require us to tell you that as an insurer we collect, handle, store and disclose your personal and sensitive information in order for us to provide you with and inform you about insurance and insurance related services. To do this we may communicate your personal information to our service providers. This will always be done as permitted by the relevant privacy legislation.

I/We acknowledge that as the Insured(s), I/We:

1. **must act** with the **utmost good faith** in respect of any matter relating to this insurance
2. **have a duty of disclosure** as stated in this application form
3. **have provided** the **correct information** on previous losses and insurance history
4. **confirm** that all **answers and statements** in this application **are correct** and that **no information** has been **withheld** which may affect our decision to accept this application or the terms of the proposed policy
5. have received a combined Product Disclosure Statement and Financial Services Guide that relates to the product the subject of this application form. **Yes** **No**

Signature of Named Insured(s): _____ Date: ____ / ____ / ____

Payment Options

Cheque/Money Order

Credit Card: Bankcard Mastercard Visa

Card No: Amount \$ _____ Expiry Date ____ / ____

I authorise the debit of my credit card. Name on card: _____ Signature: _____

Nautilus Marine Insurance Agency Pty Ltd

ABN 34 100 633 038 AFSL 227186

28-32 George Street, Sandringham Victoria 3191

Phone: 1300 780 533 Fax: 03 8599 5099

This policy is underwritten by Wesfarmers General Insurance Limited, trading as Lumley General ABN 24 000 036 279 AFSL 241 461