

Underwriting Questionnaire - Above 26th Parallel



The information we hold indicates that the primary mooring location for your vessel is above the 26th parallel. This means we need further information to determine whether we can agree to insure it, and if so, on what terms.

Please complete this questionnaire and return it to us as soon as possible at: customerservice@nautilusinsurance.com.au

YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

You have a duty under the Insurance Contracts Act 1984 (Cth) to take reasonable care not to make a misrepresentation to us before we issue an insurance contract to you.

The questions in this document are relevant to our decision about whether to insure you and if so, on what terms. When you answer them, you must not give a false or misleading account of matters. Your response should tell us everything that you know about the question.

If you breach your duty, we may cancel your insurance or reduce the amount we pay if you make a claim, or both.

If your failure to take reasonable care not to make a misrepresentation is fraudulent, we may refuse to pay a claim and treat your policy as if it never existed.

The Product Disclosure Statement contains more information about this duty including circumstances relevant to it.

PRIVACY COLLECTION STATEMENT

We are committed to protecting your privacy.

We collect the personal information we need to assess insurance applications, provide quotations, issue insurance policies and assess claims made under them. We may not be able to do these things if you don't provide the information we need.

We provide your personal information to the insurer that underwrites your insurance and our related companies. We provide your name and policy number to any intermediary that arranged your policy or referred you to us.

We may also provide relevant personal information to our trusted suppliers including financiers, loss adjusters, assessors, repairers, professional advisers, document storage centres, mailing houses and IT software / service providers, some of whom may be based or controlled in the United States.

If you make a claim, we may also need to provide relevant personal information to authorities (such as the police, licensing and registration bodies and the Australian Financial Security Authority) and to other insurers in the event of recovery or litigated action.

We may use your contact details to send you information and marketing communications that we believe will be of interest to you. You can opt out from receiving these at any time.

Our Privacy Policy contains more information about how we manage your information including how you can access it, ask us to correct it or make a privacy related complaint. This is available free of charge on our website and on request by telephone: (02) 8920 1157 or email: contact@nmininsurance.com.au

If you provide us with personal information about another person, you must have their consent to do so and give them the information in this statement.

The information you provide below will be used to determine if we can offer insurance cover and if so, on what terms.

Insured Name

Mobile No.

Vessel Name / Rego

Policy Number (if applicable)

Q1 At which Marina facility/residential address will the vessel(s) be moored at for the relevant period of insurance?

Name of Marina

Address

Q2 Do you permanently reside within 100km of the above Marina Facility?

Yes

No

Q3 Address

Q4 Please advise who will move your vessel in an emergency?

Name

Contact Details

Qualification of This Person

Q5 If this is a professional skipper, please provide details of the skipper engaged to operate your vessel?

Name

Contact Details

Qualification of This Person

Q6 Do you have any agreements in place with any person/s and or business/s to maintain your vessel whilst you are away?

Please provide full details:

Q7 Will your vessel remain at the same location should a cyclone warning be issued for this location?

If "Yes" please describe in detail your Cyclone contingency plan:

If "No" please advise where your vessel will be relocated to?

Additional information

DECLARATION

I declare that the answers provided above are accurate and complete.

Signed

Print Name

Date / /



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