

commercial hull application

Section 1 applicant details

Applicants name (include Subsidiary Companies)

ABN Number

Address

State

Postcode

Telephone No.

Fax No.

Email

Web site address

Is the vessel or any of its equipment
subject to a mortgage or loan?

No

Yes

Vessel / Equipment Mortgagee or lender

Mortgagee or lender address

State

Postcode

Telephone No.

Current amount of loan

Final date of payment

Other interested parties (name and address)

State

Postcode

Cover requested from

to

@ 4.00 pm

Section 2 the vessel

Name of craft

Previous name

Purchase price & date of purchase

Length

Beam

Depth

Draft

Tonnage

Type and design

Hull constructed of

Was vessel built by a professional boat builder? No Yes

Builder

Year built

Is the vessel licensed?

No

Yes

Licence no

By which authority

Licence current to

Have there been any additions / alterations to the vessel since
purchase and what was the cost?

Main Engine

Serial No

Petrol

Diesel

Make

Power KW HP

Type of gearbox

Age

Maximum Designed Speed

Range

Year manufactured

Last overhaul

Auxillary Engine

Serial No

Petrol or Diesel

Make

Year manufactured

Last overhaul

Dinghy

Make / Type

Construction

Size

Year manufactured

Engine (Inboard / Outboard)

Serial No

Safety & Maintenance Equipment

Fire extinguisher – make

Number carried

Safety equipment normally carried? (eg. two way radios, EPIRB)

Interval equipment serviced?

Section 3 proposed sums insured

Hull \$

Machinery \$

Equipment & Accessories

(include fixtures, fittings, electrical equipment & safety equipment)

\$

Dinghy \$

Dinghy outboard \$

Trailer \$

Reg number

Make Age

TOTAL \$

Section 4 third party liability

Do you require third party liability cover? No Yes

Limit required \$1,000,000 \$2,000,000 \$5,000,000

Do you require passenger liability cover? No Yes

How many passengers is the vessel licensed to carry?

Do you require food and drink liability? No Yes

Are you involved in any watersport activity?

No Yes If Yes, please advise details

Section 5 survey & maintenance

How frequently is the vessel slipped

Date last slipped / /

How regularly is the vessel inspected / serviced

Has any major work or refit been carried out during the last 5 years?

No Yes If Yes, describe and give costs

What is the date of your last statutory survey / /

Please quote your certificate number

and expiry date / /

An independent vessel condition survey report and valuation not more than 12 months old will be required to be submitted with this application.

Section 10 privacy statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you, including:

- evaluating your application,
- evaluating any request for a change to any insurance provided,
- providing, administering, and managing the insurance services following acceptance of an application and
- investigating and, if covered, managing claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information (and receive personal information from), when necessary and in connection with the purposes listed above, to other members of the group of companies to which we belong, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting Vero Insurance Limited.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

Other offers

We would like to use your personal information to keep you up to date with the range of other products and services available from us or other members of the group. We may give your personal information to our agent or your broker to enable us to send you this information.

Please tick this box if you do not consent to receive this information.

Section 11 duty of disclosure

You have a legal duty of disclosure to us whenever you apply for, or change an insurance policy.

What you must tell us

You have a general duty to disclose to us everything that you know, or could reasonably be expected to know, is relevant to our decision whether to insure you, and, if we do, on what terms.

However, your duty does not require you to disclose anything:

- that reduces the risk to be undertaken by us,
- that is generally well known,
- that we know or, in the ordinary course of our business, ought to know, or
- in respect of which we have waived your duty.

Your general duty applies to changes

Your general duty applies in full when you change an existing policy including when you extend or reinstate it.

Your general duty is limited for new policies

When you apply for a new policy your duty of disclosure applies, but you do not need to disclose something to us unless we specifically ask you about it. However, you must be honest in answering any questions we ask you. You have a legal duty to tell us anything you know, and which a reasonable person in your circumstances would include in answering the questions. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important that you understand you are disclosing to us and answering our questions for yourself and anyone else you want to be covered by the policy.

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed.

Section 12 your declaration

- A. To the best of my/our knowledge and belief the information provided in this application is true and correct in every respect and no relevant information has been withheld
- B. I/We understand this insurance is not in force until Vero National Marine, a division of the insurer Vero Insurance Limited ABN 48 005 297 807, accepts this application.
- C. I/We understand that any statement made in this application will be treated as a statement made by all the people to be insured. This declaration is signed by or on behalf of all applicants.

For personal applicants

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- you sending me information about other products and services, unless I have declined 'Other offers', and the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all applicants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Signature of Applicant(s)		Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
		Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>

Where You Can Contact Us:

New South Wales

Locked Bag 25
Australia Square
NSW 1215
Telephone 02 9295 4422
Facsimile 02 9295 4222

Queensland

GPO Box 537
Brisbane
QLD 4001
Telephone 07 3246 6111
Facsimile 07 3246 6126

Western Australia

PO Box B78
Perth
WA 6838
Telephone 08 9211 4199
Facsimile 08 9211 4198

Victoria

PO Box 294
Collins St West
VIC 8007
Telephone 03 9245 8300
Facsimile 03 9245 8337

South Australia

GPO Box 1619
Adelaide
SA 5001
Telephone 08 8205 5175
Facsimile 08 8205 5179