



# COMMERCIAL YACHT & MOTOR BOAT PROPOSAL FORM

Argus Insurance Company (Europe) Limited

Unit G.04 West One  
Europort Road  
Gibraltar

Tel: +350 200 79520  
Fax: +350 200 70942

NewClaimsNotification@argus.gi  
www.argus.gi

All Material facts must be disclosed. Failure to do so could invalidate the Policy. A material fact is one, which is likely to influence an Insurer in the assessment and acceptance of the proposal form. If you are in doubt as to whether a fact is material then it should be disclosed to the Insurer. State any other material facts that you may believe to be relevant. Correct values at risk must be advised to us. If the Sums Insured you request or values you advise are not adequate this will result in the amount that we pay you in the event of a claim being reduced.

## 1. PERSONAL DETAILS

Please ensure that all relevant sections of this Proposal are completed

Proposer

Address

Telephone Numbers / Mobile

Email Address

Profession

Period Cover Required

(Cover cannot apply until this proposal is accepted)

### Team Members

Name	Date of Birth	Occupation	Sailing Experience
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## 2. VESSEL DETAILS

Please provide the following details

Vessel Details

[Empty text box for Vessel Details]

If vessel is a sailing Vessel please provide the following additional information

Type of Rigging [ ] Material of mast [ ]

Will the Vessel be used for Racing?  YES  NO

If 'Yes', what type of racing is this? [ ]

Full Replacement Cost of Mast, Spars, Sail and Rigging [ ]



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## 3. OTHER ITEMS TO BE INSURED

### Engine Details

Number of Engines	<input type="text"/>	Fuel Type	<input type="text"/>
Make and Model	<input type="text"/>	Year Built	<input type="text"/>
Type of Engine	<input type="text"/>	Horsepower	<input type="text"/>
Serial Number	<input type="text"/>		

### Dinghies / Tender Vessels

Name of Dinghy/Tender	<input type="text"/>	Value of Dinghy/Tender	<input type="text"/>
Make and Model	<input type="text"/>	Year Built	<input type="text"/>
Engine Details	<input type="text"/>	Value of Engine	<input type="text"/>

### Personal Effects

Value of Personal Effects

## 4. USE & MOORINGS

Type of mooring	<input type="text"/>	Months in commission	<input type="text"/>
Use of craft (e.g Private/Pleasure)	<input type="text"/>	Laid up period	<input type="text"/>
Where kept during laid up period	<input type="text"/>	Cruising Range	<input type="text"/>

## 5. ADDITIONAL QUESTIONS

1. Are you the sole owner of the Vessel?  YES  NO

If 'NO' give details of any co-owners or interested parties including Finance Companies

2. How many years experience have you, or any person you will permit to use the Vessel, as owner/crew?

3. Do you have any sailing qualifications?  YES  NO

If 'YES' provide details



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4. Will the Vessel be used for single-handed sailing?

YES

NO

If 'YES' please provide details

5. Do you have any fire extinguishers on board?

YES

NO

If 'YES' please provide details

6. Is gas used on board?

YES

NO

If 'YES' please provide details

7. Is Water-Skiers Liability required?

YES

NO

If 'YES' please provide limit

8. Is cover required for transit?

YES

NO

If 'YES', please provide details

9. State name of your existing insurer and policy no.

10. Do you have a Current No Claims Bonus?

YES

NO

If 'YES', Please provide full details

11. Have you or any persons who to your knowledge will use the vessel

(a) suffered any accident or loss in the last 5 years in connection with the use of a vessel?

YES

NO

(b) had any insurance on any vessel cancelled or refused or had any special terms imposed?

YES

NO

(c) ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson, drugs or do you have any prosecution or police enquiry pending?

YES

NO



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If 'YES' to any of the above please provide details

Period not exceeding (months)	1	2	3	4	5	6	7	8	Over 8 Months
% of annual premium payable	25%	37.5%	50%	62.5%	67.5%	75%	80%	90%	Full Premium

## 6. IMPORTANT

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## COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Unit G.04 West One, Europort Road, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

## DATA PROTECTION - INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

## MARKETING

Argus Group and its agents may use your information to keep you informed by post, telephone, facsimile, e-mail, text messaging or other means about products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted by these methods for these purposes.



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## FRAUD PREVENTION

In order to prevent and detect fraud we may at any time: share information about you with other public bodies including the Police; Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to: help make decisions about the provision and administration of insurance, credit related services for you and members of your accounts or insurance policies; Check your identity to prevent money laundering, unless you furnish with us other satisfactory proof of identity; Undertake credit searches and additional fraud searches. We can supply on request further details of the databases we access or contribute to.

## CLAIMS HISTORY

Under the conditions of your policy you must tell us about Insurance related incidents (such as fire, theft or an accident) whether or not they give rise to a claim.

## LAW APPLICABLE TO CONTRACT

You and the insurer are free to choose the law to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract (or, in case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated) in Gibraltar, the law which will apply is the law of Gibraltar.

## DECLARATION

**Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.**

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

I/We understand that if I/we have not given full and true answers to all questions asked on this proposal that my/our insurance may not protect me/us in the event of a claim.

I/We understand that any material fact, which is information that may influence the Company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I agree to accept and conform to the terms of the Policy when issued. A specimen copy of policy is available on request.

Signature of Proposer

Name:

Date:

**No cover is in force until the Proposal has been accepted by Argus Insurance.**