



# Boat Insurance Application Form

**AGENT:**

**QUOTE NO.:**

**COVER NOTE NO.:**

## TYPE OF COVER

**Comprehensive:** Market Value      Agreed value  
(subject to a valuation from an authorised boat dealer or boat broker, not available for personal watercraft)

Third Party Only      (conditions apply)

Use of Boat:      Private      Hire/Charter      Demonstration      Stock Afloat

Other (details):

## INSURED DETAILS

Mr      Miss      Mrs      The Insured(s) (in full):

Address:      Post Code:

Telephone: (Home)      (Business)

Mobile:      Email:

Date of Birth:      /      /      Occupation:

Car Driver Licence No:      Expiry Date:      /      /

Boat Driver 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 any insurance refused or cancelled?      Yes      No

Had any boat or any 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.)

Boating Course?      Yes      No

Details

Boating experience (yrs)



## OPTIONAL BENEFITS

**Sailboat Racing:** (Sailboat racing up to 100 nautical miles is automatically included.)

Is the sailboat used for official and/or organised races exceeding a distance of 100 nautical miles?      Yes      No  
Maximum race length:                  nautical miles                  Named Sailboat Races greater than 300 nautical miles:

**Lay up** (for trailerable craft only)

Lay up address if different from the Insured(s) address:

Tick the months the boat will be in lay up:                  Number of months lay up required:

**JAN      FEB      MAR      APR      MAY      JUN      JUL      AUG      SEP      OCT      NOV      DEC**

## GENERAL

Type of fire extinguisher:      Automatic      Manual      None                  Transit Risk:      Yes      No

Is the boat moored / penned?      Yes      No      Type of Mooring?

Location of Mooring/Storage:    Post Code:

Date Boat Purchased:      /      /                  Price:                  Date last Surveyed:      /      /

## 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 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 The Insured(s):

Date:           /           /

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## PAYMENT OPTIONS

Cheque/Money Order

Pay By The Month (attach completed direct debit form)

Credit Card:

Bankcard

Mastercard

Visa

Card No:

Amount \$

Expiry Date           /

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

Signature:



### **NM Insurance Pty Ltd t/as Suzuki Marine Insurance**

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