

YACHT & MOTORBOAT

PROPOSAL FORM



GasamMamo
INSURANCE

we're always there

FOR VESSELS OVER 5 METRES (16' 6") USED FOR PRIVATE PLEASURE PURPOSES ONLY

Please complete in BLOCK CAPITALS throughout and tick yes or no in the appropriate boxes.

1. Personal Information

Title (Mr, Mrs, Miss or other)

Full Name

I.D Card No or Passport No

Date of Birth

Postal Address

Occupation including part-time Work (please be specific, Occupations such as Director, Clerk or Self-Employed are not sufficient)

Home Telephone Number

Office Telephone Number

Mobile Number

E-Mail Address

2. Particulars of Vessel

Type of Vessel

Registration Number

Name of Vessel

Year of Build

Overall Length

Material of Hull

Was the vessel professionally built

☐

or amateur built

☐

Builder's Name

If amateur built or 15 years old or over, this proposal must be accompanied by a Full Condition Survey report.
Conversions and vessels over 25 years old are not acceptable.

Date of Purchase

Purchase Price

Vessel Make and Model

3. Particulars of Engine/s

Outboard 1	Make of Engine 	Year of Manufacture 	HP 	Serial Number
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Outboard 2	Make of Engine 	Year of Manufacture 	HP 	Serial Number
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No cover is given on outboard motors until the Serial Number is advised.

Inboard 1	Make of Engine 	Year of Manufacture 	HP 	Serial Number
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Inboard 2	Make of Engine 	Year of Manufacture 	HP 	Serial Number
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What is the maximum speed of the vessel with these engines? Knots / MPH

Is the vessel fitted with remote control or automatic fire extinguishers in engine area and galley? ☐ no ☐ yes If yes state make

What other type of fire extinguishers are carried?

4. Values to be Insured

Hull and Equipment (including inboard engines if applicable) and all items normally given in the vessel specifications and items of electronic equipment that do not form part of the internal fittings which may be purchased separately or removed from the vessel while not in use.

Tender / Dinghy (the vessel's name must be shown on the tender to comply with the policy conditions).

Outboard Motor

Auxiliary outboard motor

Trailer

Personal Effects - (items not forming part of the vessel, being items of clothing including caps, hats, shoes and towels, waterproof gear, bags, coolers, kitchen accessories, wallets or purses excluding cash and credit cards, toiletries, keys or pens).

Total Sum Insured

Note: Value for insurance should be the current replacement value of your vessel taking into account your vessel's age, condition, machinery, gear and equipment.

5. General Questions

- How many years experience have you as an owner/crew?
- Do you have any sailing qualifications? (Proof will be required).
- Are you in possession of a valid Nautical Licence?
- Are you the sole owner of the vessel? Give details of any co-owners.
- To the best of your knowledge and belief have you or any person you will permit to use the vessel:
 - suffered any accident or loss in the last 5 years with any vessel used or owned?
 - had any insurance on any vessel cancelled or refused or had any special terms imposed?
 - ever been convicted or are currently being convicted of any criminal offence or contravention involving dishonesty?
- Are you entitled to no claim bonus?
If the answer to any of these questions is YES please provide full details on a separate sheet.
- Has the vessel ever been damaged?
- Will the vessel be used for private pleasure only?

☐ yes	☐ no
☐ yes	☐ no
☐ yes	☐ no
☐ yes	☐ no
☐ yes	☐ no
☐ yes	☐ no
☐ yes	☐ no
☐ yes	☐ no

6. Additional Risks / Extensions

Do you wish to receive a discount from the premium for increasing the standard policy excess?

☐ yes ☐ no

If yes please state amount you are willing to take

Do you wish to cover the mast spars, sails and rigging against racing risks?

If so please indicate the estimate cost of replacing them 'as new'

Do you wish to extend cover to include legal liability to and of water skiers being towed by your vessel?

☐ yes ☐ no

If your boat exceeds 17 knots, does it include sleeping facilities?

☐ yes ☐ no

Propeller fouling - If you have replied NO to the question above, please be aware that the maximum amount payable is limited to €3,500 for each engine, for each and every claim. This applies in respect of loss or damage to the rudder, propeller, strut, shaft, inboard and / or outboard motors, electrical machinery or batteries, and their connections, caused directly or indirectly by the vessel striking or fouling a submerged or partially submerged object including but not limited to ropes, plastic bags and / or other debris. Do you wish to increase this limit?

☐ yes ☐ no

If yes, please state the amount of cover you require for each engine.

7. Moorings

Where will the vessel generally be moored when in commission?

Where will it be laid up?

Ashore ☐ or Afloat ☐

State the dates between which it will be out of commission (laid-up) annually

from

to (inclusive)

8. Cruising Range

Maltese territorial waters? ☐ yes ☐ no or other

Declaration

Very Important

You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant, ask your local GasanMamo Insurance Office. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully. Please ensure that you keep a record (including copies of letters) of all information that you supply to us in relation to this proposal.

Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations. In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR1405.

Professional Secrecy Act

Information on this form or on any subsequent claim form, along with other relevant information, may be shared with other Insurers as part of an exercise to combat the ever-increasing problem of insurance fraud. Signature of this Proposal Form confirms your consent to this fact-sharing exercise.

Details shared are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected by the Professional Secrecy Act, 1994.

TOGETHER WE CAN FIGHT FRAUD

I/We declare that the Information given in this proposal is to the best of my/our knowledge correct and complete in every detail.

I/We confirm that I/we give consent, on the basis of the Data Protection Notice, on behalf of myself and any other persons specified in this form for the insurers to process our personal information with respect to this proposal and any subsequent claims. I/We also confirm that I/we have brought the Data Protection Notice to the attention of these persons.

Further, I/we agree that if my answer has been written by any other person on my/our behalf, such person shall for that purpose be regarded as my/our Agent and not the Agent of GasanMamo Insurance.

When completing this application, you should disclose any fact which may influence the acceptance of the risk.

Signature

Date

Date of inception of Insurance

No insurance will be in force until the proposal has been accepted by GasanMamo Insurance.

For more information please contact: