



Sunderland Marine

Mutual Insurance Company Limited

Fishing Vessel
Proposal Form

Managers: Sunderland Pacific Management (NZ) Ltd
23 Shelbourne Street, P.O. Box 754, Nelson
Tel: FREEPHONE 0800 SUNMAR (0800 786 627) Tel: (03) 5468830 Fax: (03) 5468814
Email: mutual@smmi.co.nz Web: www.smmi.co.uk

Proposal Form

SECTION 1. DETAILS OF VESSEL

VESSEL'S NAME	MSA. NO.
PREVIOUS NAME(S)	WHERE BUILT
BUILDER	

HULL DETAILS

YEAR BUILT	MATERIAL	MODEL
LENGTH	BEAM	DRAFT
TONNAGE: GROSS	NETT	
TYPE OF PROPELLER	TYPE OF STERNGEAR	
SPECIAL EQUIPMENT FITTED (EG. SONAR, RADAR, V.H.F. ETC)		
STATE VALUES		

MACHINERY DETAILS

ENGINE YEAR BUILT	IF RECONDITIONED, YEAR	
MAKE AND MODEL	H.P.	R.P.M.
DATE OF LAST OVERHAUL	HOURS: TOTAL	SINCE LAST O/H
DETAILS OF ANY WARRANTIES CURRENTLY IN FORCE		
AGE AND TYPE OF GEARBOX		
AGE AND TYPE OF AUXILIARY ENGINE(S)		
AGE AND TYPE OF WINCH	CAPACITY	
SPECIAL ENGINE FEATURES (EG. TURBO)		
MAXIMUM DESIGNED SPEED		
DETAILS OF ANY MAJOR REFIT/OVERHAUL ON HULL OVER LAST FIVE YEARS: DATE		APPROX. COST
DETAILS		
DETAILS OF ANY MAJOR REFIT/OVERHAUL ON MACHINERY OVER LAST FIVE YEARS: DATE		APPROX. COST
DETAILS		
DOES THE VESSEL HOLD A CURRENT SSM SURVEY CERTIFICATE?	YES / NO / NOT APPLICABLE	EXPIRY DATE
IF YES, WHICH COMPANY		
IS THE VESSEL IN CLASS? YES / NO	IF YES, WHICH CLASSIFICATION SOCIETY?	

(OPERATING A VESSEL WITHOUT A CURRENT SURVEY CERTIFICATE MAY INVALIDATE YOUR POLICY)

SECTION 2. DETAILS OF OPERATION

PORT OF OPERATION	
AREA VESSEL IS LICENCED TO OPERATE	
APPROXIMATE PERIOD VESSEL IS LAID UP EACH YEAR	
WHEN NOT OPERATING IS VESSEL KEPT: A) AT THE WHARF <input type="checkbox"/> B) ON A MOORING (SEE BELOW) <input type="checkbox"/> C) ON A TRAILER <input type="checkbox"/>	
IF ON A MOORING, PLEASE GIVE DETAILS	
TYPE(S) OF FISHING	
TOTAL NO. OF CREW	CONSISTING OF SKIPPER PLUS:
MAXIMUM NO. OF PASSENGERS (IF APPLICABLE)	

WE MUST BE ADVISED IF THE VESSEL IS USED AT ANY TIME FOR OPERATIONS OTHER THAN FISHING, OR IF THE FISHING METHOD CHANGES, OR IF THE NUMBER OF CREW CHANGES.

SECTION 3. DETAILS OF OWNERSHIP

OWNER	
ADDRESS	
POSTCODE	TEL. NO.
IS THE VESSEL SUBJECT TO MORTGAGE/GRANT ARRANGEMENT? YES / NO	
MORTGAGEE: NAME AND ADDRESS	
TEL. NO.	
AMOUNT OUTSTANDING	TERM YEARS
GRANTOR: NAME AND ADDRESS	
TEL. NO.	
AMOUNT OUTSTANDING	TERM YEARS
OTHER INTERESTED PARTIES	

DATE OF PURCHASE	TOTAL PURCHASE PRICE (EXCLUDING QUOTA & GST)
ARE YOU REGISTERED FOR GST? YES / NO	
NAME OF PREVIOUS INSURERS	
HOW LONG HAVE YOU OWNED FISHING VESSELS? YEARS	
GIVE DETAILS (NAME, SIZE, TYPE, ETC)	

DETAILS OF PREVIOUS LOSS RECORD

ALL OWNERS: GIVE DETAILS OF ALL ACCIDENTS/LOSSES (WHETHER AN INSURANCE CLAIM OR NOT) ON ANY VESSEL UNDER YOUR CONTROL OR OWNERSHIP IN THE LAST 3 YEARS:

YEAR	DETAILS OF LOSS	AMOUNT

HAVE YOU EVER BEEN INVOLVED IN ANY MAJOR DAMAGES OR TOTAL LOSSES ON ANY VESSEL IN WHICH YOU HAVE OR HAVE HAD A FINANCIAL INTEREST, OR WHICH WAS UNDER YOUR CONTROL YES / NO

IF YES, GIVE DETAILS, DATE, COSTS AND NAME OF VESSEL(S) INVOLVED

WAS THE INCIDENT SUBJECT TO A MARITIME NEW ZEALAND INQUIRY? YES / NO

IF YES, GIVE DETAILS AND OUTCOME

WAS THE INCIDENT SUBJECT TO AN INSURANCE CLAIM? YES / NO

IF YES, GIVE NAME OF INSURER AND ADVISE OUTCOME OF CLAIM

PREVIOUS INSURANCE RECORD

IN RESPECT OF THIS, OR ANY OTHER VESSEL OWNED OR COMMANDED BY YOU, HAS ANY INSURER:

A) DECLINED COVER YES / NO

B) CANCELLED OR DECLINED TO RENEW COVER YES / NO

C) IMPOSED LOADINGS, RESTRICTED TERMS OR ADDITIONAL PREMIUMS YES / NO

IF YES, GIVE DETAILS BELOW:

OTHER INFORMATION

HAVE YOU OR ANY PERSON INVOLVED IN THE OWNERSHIP OF THIS VESSEL EVER BEEN CHARGED WITH OR CONVICTED OF ANY OFFENCE INVOLVING DISHONESTY OF ANY KIND, E.G. FRAUD, ARSON, ROBBERY, SMUGGLING, THEFT OR HANDLING STOLEN GOODS, ETC? YES / NO

IF YES, GIVE DETAILS BELOW:

SECTION 4. DETAILS OF MAIN SKIPPER

NAME OF MAIN SKIPPER	DATE OF BIRTH
ADDRESS	TEL. NO. HOME:
	TEL. NO. VESSEL:

(N.B. A SEPARATE QUESTIONNAIRE MUST BE COMPLETED BY ALL OTHER PERSONS WHO WILL COMMAND THE PROPOSED VESSEL. WE MUST BE ADVISED OF ANY CHANGE OF SKIPPER).

DOES THE SKIPPER HAVE A FINANCIAL INTEREST IN THE PROPOSED VESSEL? YES / NO

EXTENT OF INTEREST (E.G. PART-OWNER)

CERTIFICATES/QUALIFICATIONS HELD

TOTAL FISHING EXPERIENCE YEARS LENGTH OF SERVICE WITH PROPOSED VESSEL YEARS

HOW LONG HAS THE SKIPPER COMMANDED FISHING VESSELS? YEARS

GIVE DETAILS (NAME, SIZE, TYPE ETC)

KNOWLEDGE OF WATERS TO BE SAILED

OTHER RELEVANT EXPERIENCE

DETAILS OF PREVIOUS LOSS RECORD

GIVE DETAILS OF ALL ACCIDENTS/LOSSES (WHETHER AN INSURANCE CLAIM OR NOT) ON ANY VESSEL OWNED OR COMMANDED BY YOU IN THE LAST 3 YEARS:

YEAR	DETAILS OF LOSS	AMOUNT

HAVE YOU EVER BEEN INVOLVED IN ANY MAJOR DAMAGES OR TOTAL LOSSES ON ANY VESSEL OWNED OR COMMANDED BY YOU? YES / NO

IF YES, GIVE DETAILS, DATE, COSTS AND NAME OF VESSEL(S) INVOLVED

WAS THE INCIDENT SUBJECT TO A MARITIME NEW ZEALAND INQUIRY? YES / NO

IF YES, GIVE DETAILS AND OUTCOME

WAS THE INCIDENT SUBJECT TO AN INSURANCE CLAIM? YES / NO

IF YES, GIVE NAME OF INSURER AND ADVISE OUTCOME OF CLAIM

PREVIOUS INSURANCE RECORD

IN RESPECT OF THIS, OR ANY OTHER VESSEL OWNED OR COMMANDED BY YOU, HAS ANY INSURER:

A) DECLINED COVER YES / NO

B) CANCELLED OR DECLINED TO RENEW COVER YES / NO

C) IMPOSED LOADINGS, RESTRICTED TERMS OR ADDITIONAL PREMIUMS YES / NO

IF YES, GIVE DETAILS BELOW:

OTHER INFORMATION

HAVE YOU OR ANY PERSON INTENDED TO TAKE COMMAND OF THIS VESSEL EVER BEEN CHARGED WITH OR CONVICTED OF ANY OFFENCE INVOLVING DISHONESTY OF ANY KIND, E.G. FRAUD, ARSON, ROBBERY, SMUGGLING, THEFT OR HANDLING STOLEN GOODS, ETC? YES / NO

IF YES, GIVE DETAILS BELOW:

SECTION 5. VALUES TO BE INSURED

A. HULL & MACHINERY AND ELECTRONICS \$			
IF THE SUM INSURED DIFFERS FROM THE PURCHASE PRICE, PLEASE ADVISE REASON			
B. FISHING GEAR (INCLUDE TOTAL VALUE OF GEAR, BOTH ON BOARD AND STORED ASHORE) \$			
C. DINGHY/TENDER (USED ONLY IN CONJUNCTION WITH PROPOSED VESSEL) \$			
DINGHY AGE	SIZE	MATERIAL	VALUE \$
OUTBOARD AGE	TYPE	H.P.	VALUE \$
D. CATCH \$			
E. BOXES \$			
F. PERSONAL EFFECTS \$			
G. PASSENGER LIABILITY (EXCLUDING CREW) NO. OF PASSENGERS		EACH PASSENGER \$	EACH ACCIDENT \$
FURTHER DETAILS REQUIRED? <input type="checkbox"/>			
ALTERNATIVE TERMS (E.G. LIMITED MACHINERY COVER, HIGHER EXCESSES, TOTAL LOSS & THIRD PARTY, ETC.)			
PREMIUM PAYMENT METHOD REQUIRED:			
ANNUALLY	HALF-YEARLY	QUARTERLY	MONTHLY
CHEQUE	AUTOMATIC PAYMENT AUTHORITY		
PLEASE ADVISE ANY OTHER REQUIREMENTS			

SECTION 6. AGREEMENT/DECLARATION

THE INSURANCE COVERED BY THIS PROPOSAL IS SUBJECT TO THE SUNDERLAND MARINE MUTUAL GENERAL CONDITIONS, AND UPON ACCEPTANCE, THE OWNERS SHALL BECOME MEMBERS OF, AND THE VESSEL SHALL BE ENTERED IN THE SUNDERLAND MARINE MUTUAL INSURANCE COMPANY LIMITED.

SIGNING THIS FORM DOES NOT BIND THE PROPOSER OR INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL AND SKIPPERS QUESTIONNAIRE(S) (WHERE APPLICABLE) SHALL BE THE BASIS OF THE INSURANCE CONTRACT ENTERED INTO WITH THE COMPANY.

I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THE PROPOSAL ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO ACCEPTANCE OF THE PROPOSAL.

FAILURE TO DISCLOSE ALL MATERIAL FACTS MAY INVALIDATE YOUR POLICY.

NOTE: WE SHOULD IMMEDIATELY BE ADVISED OF ALL MATERIAL CHANGES OR ALTERATIONS OF THE INFORMATION PROVIDED IN THIS PROPOSAL. A MATERIAL CHANGE IS ONE WHICH WOULD INFLUENCE THE JUDGEMENT OF A PRUDENT INSURER IN SETTING THE TERMS/PREMIUMS OR DETERMINING WHETHER TO CONTINUE ACCEPTANCE OF THE RISK.

SIGNED	STATUS (E.G. OWNER)
	DATE

PLEASE ENCLOSE WITH THIS PROPOSAL A RECENT SURVEY AND VALUATION REPORT, PHOTOGRAPHS, SKIPPERS QUESTIONNAIRE(S) (WHERE APPLICABLE) AND ANY ADDITIONAL INFORMATION RELATING TO THE VESSEL AND OPERATION WHICH YOU FEEL MAY BE USEFUL TO THE COMPANY IN ASSESSING THE RISK.