

Operating limits (Please state operating limits required)

a) Inland and coastal waters of the United Kingdom:

b) Inland and coastal waters of the United Kingdom including continental waters Elbe to La Rochelle and Eire:

c) Inland non-tidal waters of the United Kingdom:

d) Inland non-tidal waters of the United Kingdom and 60 days UK coastal use:

e) Other – please specify:

Please use this section to provide any additional information

Declaration

Please ensure that you have taken care to answer all questions fully, honestly and to the best of your knowledge. If you do not understand the meaning of any question, or if you do not know the answer, it is important that you tell us. If you have volunteered information you must do so honestly and carefully. Please note that failure to provide full and accurate information may invalidate your insurance cover and may result in all or part of a claim not being paid. I declare that the answers are correct and complete in every respect to my knowledge and belief. I understand that if a policy is issued, the terms and premium shall be based on the information I have provided in this proposal form. I further declare and agree that if this proposal form has been completed in the handwriting of any person other than the undersigned, such person is deemed to be the agent for the proposer for the purposes of completing this proposal.

Signed:

Print name:

Date:

The signing of this form does not bind the proposer to complete the insurance. A copy of the specimen wording will follow with a quotation or upon request. **IMPORTANT:** The proposer should keep a record (including copies of this proposal form and letters) of all information supplied to the underwriters for the purpose of entering into the contract. A copy of the completed proposal form will be supplied upon request.

Data Protection

Your information has been, or will be, collected or received by Haven Knox-Johnston. We manage personal data in accordance with the data protection law and data protection principles. We need personal data so that we can provide you with boat insurance that's shipshaped around you, and other services, and we'll collect the personal data necessary to do this. This may be personal information like your name, address, contact details, identification details, financial information and risk details. You can find the full Data Privacy Notice at www.HavenKJ.eu/privacy-notice or you can get a paper copy of the Data Privacy Notice by contacting us on +353 (0)57 8694069 or by writing to us at 48 Ringsend Road, Dublin 4, D04 EK2K, Ireland. Our data protection compliance officer can be contacted at; Howden Insurance (Ireland) Limited, 48 Ringsend Road, Dublin 4, D04 EK2K, Ireland, or by email at compliance@howdeninsurance.ie

This insurance is underwritten by MSIG Europe SE and administered by Haven Knox-Johnston.

Notes

Ownership

Details of all owners must be given. If the policy is to be in a company name you must state the beneficial owner of the vessel.

Purchase price and insured value

Please make sure that the purchase price you state on the form is the amount you paid for the vessel excluding money which has been spent since the purchase in improving the vessel or money you intend to spend on the vessel. If the value to be insured is greater than the price paid, please provide details to justify that difference. The 'All Weather (Commercial) Policy' is an agreed value

insurance unless specifically endorsed to be on a market value basis.

Outboard Motor value

Claims for outboard motors will be based on the current market value at the time of the loss or the sum shown in the certificate of insurance, whichever is less. Please therefore make sure that you bear this in mind when stating the value on the proposal form.

Personal belongings

Your own personal belongings are automatically covered up to 1,000; you can increase this amount if you wish by declaring it on the proposal form.

Personal belongings would include items of a personal nature that you use specifically for the vessel that would not be sold with the vessel. Any single item with a value in excess of 350 must be declared so that underwriters can consider it.

Crew liability

For an additional premium, your policy can be extended to cover liability to crew, however this does not include crew who work under a contract of employment. If you are in any doubt as to whether your crew are employed or not you should seek professional advice. This cover does not extend the insurance in respect of Regulation ILO 188 (Fishermans Work Agreement).

Lismard Court, Portlaoise, Co Laois, Ireland

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For claims:

+44 (0) 1732 223 610 | claims@HavenKJ.eu

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ALE-HKU-012-0725

Boat insurance, shipshaped around you

Commercial Craft Insurance Proposal form



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YOU MUST GIVE TRUE AND FULL ANSWERS TO ALL THE QUESTIONS.
IF YOU DO NOT DO SO YOUR INSURANCE COVER MAY NOT PROTECT YOU IN THE EVENT OF A CLAIM.
Please answer questions in full (block letters please) using a 3 where appropriate.

Owners

If company owned please state name and beneficial owner if different from below

| | |
|---|------------------------|
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify): | Surname: |
| Address: | Forenames: |
| | Daytime Telephone No.: |
| | Mobile No.: |
| | Email: |
| Postcode: | Date of birth: |
| Occupation (note 'Director' or 'Manager' is NOT sufficient): | |
| Experience (a) in this type of vessel: | |
| (b) in vessels generally: | |
| Qualifications: | |
| Details of owner(s) if different from above: | |
| (Please give FULL details on space provided overleaf including particulars of any co-owners, if you are not the sole owner) | |

Insurance history

| | | |
|---|------------------------------|-----------------------------|
| Have you or any person who might use the vessel with your permission had an insurance or a renewal of an insurance on any vessel declined or special terms imposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you or any person who might use the vessel with your permission had any accidents or losses in respect of any vessel within the last 5 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you or any person who might use the vessel with your permission been charged with or convicted of any criminal offence (excluding traffic offences)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the vessel the subject of a mortgage or finance agreement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If the answer to any of the above questions is YES please provide FULL details overleaf. | | |
| Do you currently have a 'no claims bonus?': Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, how many years?: | |

Vessel

| | | | |
|--|--|-------------------|-------------------|
| Name: | Port of Registry: | | |
| Is the vessel: (a) a conversion: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| (b) amateur built: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| (c) amateur conversion of professionally built hull: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Make/Builder's name: | Model: | | |
| Year built: | Length: | Beam: | Material of hull: |
| Registered gross tonnage | Price paid ¹ | Date of purchase: | |

Machinery

| | Manufacturer's name | Year built | H.P. | Fuel |
|--------------------------------------|----------------------------------|------------|------|------|
| a) Inboard | | | | |
| Inboard/Outboard | | | | |
| Outboard | | | | |
| b) Maximum designed speed of vessel: | knots/mph with engine(s) fitted: | | | |

Sum to be insured (If Third Party Only cover is required please move to the next Section)

| | Price paid ¹ | Date of purchase | Value to be insured (i.e. current market value) excluding licence and moorings ² |
|----------------------------------|-------------------------|------------------|---|
| Hull, Machinery, Gear, Equipment | | | |
| Tender/Dinghy | | | |
| Outboard motor | | | |
| Trailer | | | |
| Other (specify) | | | |
| Total sum to be insured | | | |

1. The 'Price Paid' must EXCLUDE both money spent since purchase in improving the vessel and the licence and mooring. (FULL details of such expenditure must be provided if you wish that to be taken into account.)

2. If the 'Value to be insured' is greater than the 'Price Paid' please provide details to justify that difference.



Please confirm the use to which the vessel will be put

Charter Skipper Proportion of time

| | | | |
|-----------------|------------------------------|-----------------------------|---|
| Angling | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Diving | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Sightseeing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Passenger Ferry | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |

Work Vessel Proportion of time

| | | | |
|-----------------|------------------------------|-----------------------------|---|
| Water Sampling | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Laying Moorings | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Surveys | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Towing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Pilot Work | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Cargo Carrying | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |

Commercial Fishing Proportion of time

| | | | |
|----------------------|------------------------------|-----------------------------|---|
| Potting and Netting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Mussel and Oystering | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Rod and Line | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |
| Trawling | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % |

Other

(Please specify details below or on a separate sheet)

How many fare paying passengers on board?:



Other questions applicable to the vessel

What is the maximum number of persons, including skipper, instructed by the owner to work and/or assist with the operation of the insured vessel and who are receiving benefit in kind or financial reward?

| | | |
|------------------------|--|---|
| Are these persons: | Employed e.g. PAYE* Yes <input type="checkbox"/> No <input type="checkbox"/> | Shared fisherman Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other (please advise): | | |

*Please confirm your ERN (Employer reference number)



Details of moorings

| | |
|--|------------------|
| Moorings location: | Type of mooring: |
| If the vessel is kept ashore please state where: | |