



**AGENCY:**

Have you received a copy of our Product Disclosure Statement & Financial Services Guide?  Yes  No

**POLICY N°:**

**COVER NOTE/QUOTE N°:** \_\_\_\_\_

**INSURED**

Insured's name (in full): \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone (h) (\_\_\_\_) \_\_\_\_\_ Phone (w) (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) Mobile \_\_\_\_\_

Are you registered for GST?  No  Yes - Supply ABN number: \_\_\_\_\_

To what extent are you entitled to claim an input tax credit on your insurance premiums \_\_\_\_\_%

Registered Business Name: \_\_\_\_\_

Car Driver's Licence N° \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Boat Drivers Licence N° \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever had a quote, cover note or policy arranged by Mercury Insurance?  Yes  No Client Number: \_\_\_\_\_

**HISTORY**

Is the boat you wish to insure located outside of Australian waters?  Yes  No **(Note: The History questions must be completed by the Insured.)**

Have you or any other owner of the boat had a claim refused, insurance declined, or special conditions imposed on any insurance policy in the last 5 years?

No  Yes Please attach details.

Have you or any other owner of the boat been convicted of any crime in the last five years?  No  Yes Please attach details.

Is the boat being used for any purpose other than private pleasure?  No  Yes Please attach details.

Have you or any other owner of the boat been declared bankrupt within the last 12 months, and not been discharged?  No  Yes Please attach details.

Have you or any other owner of the boat ever suffered any Fire, Malicious Damage or Burglary claims on any previous insurance policy?

No  Yes Please attach details.

Have you or any other owner of the boat suffered any Marine or at fault motor claims in the last 5 years?

No  Yes Dates, details and Insurance Company: \_\_\_\_\_

Interested Parties (if applicable) \_\_\_\_\_

**COVERAGE DETAILS**

**TYPE OF POLICY REQUIRED:**

(Please place a tick in the boxes provided)  Market Value  Third Party Only  Agreed Value available if required \*  
(Attach current valuation from boat dealer/ship or boat broker) \*Conditions apply

Will the boat be used for:  Private  Demonstration  Hire and Charter  Stock Afloat  Other Details: \_\_\_\_\_

PERIOD OF INSURANCE: From: \_\_\_\_\_ to 4.00 pm: \_\_\_\_\_

**SECTION 1 - BOAT COVER - TOTAL SUM INSURED \$** \_\_\_\_\_ (Boat cover includes: Hull, Motor, Trailer, Mast, Spars, Rigging and Sails, Equipment and Accessories.)

**SECTION 2 - THIRD PARTY LEGAL LIABILITY \$** - Personal injury and property damage

Select Third Party  \$1,000,00  \$5,000,00 Do you require Water Skiers Liability?  Yes  No Commercial Only: N° of Passengers? \_\_\_\_\_

Cover Required  \$10,000,000  \_\_\_\_\_ Is Food and Drink supplied?  Yes  No

**SECTION 3 - BODILY INJURY COVER** - \$50,000 automatic cover

**TOTAL CHARGES: (inc. GST)** \_\_\_\_\_ **EXCESS: \$** \_\_\_\_\_ **RACING EXCESS: \$** \_\_\_\_\_

**BOAT DETAILS**

**BOAT COVER** - (It is important that all serial/registration numbers are completed.)

	Make and Model	Year Built	Registration/Sail or Serial Number	Length/HP/ Construction	HIN/VIN Number
Hull					
Motor	1				
Motor	2				
Trailer					

We have the facility to record your equipment and accessories if required. Please attach list.

Boat Name: \_\_\_\_\_ Do you require Land Transit Cover?  Yes  No

Has boat been surveyed?  Yes  No Date of last survey \_\_\_\_/\_\_\_\_/\_\_\_\_ Please attach copy Maximum Speed of Boat: \_\_\_\_\_ knots/ \_\_\_\_\_ kph

Type of Motor:  Inboard  Outboard  Rear Mount  Mid Mount  Sterndrive  Jet Fuel:  Diesel  Petrol  Gas

Turbo-Charged:  Yes  No Fire Extinguishers:  None  Manual  Automatic Description: \_\_\_\_\_

NOTE: If there is insufficient space to answer any of the questions on this application - please advise information separately and attach to this form.

**TRAILERABLE CRAFT**

**(To be completed for trailerable and off the beach craft only.)**

Lay-up Address if different from above: \_\_\_\_\_ P. Code: \_\_\_\_\_

Is the boat used for official and/or organised racing and/or speed trials?

Yes  No If yes, details: \_\_\_\_\_

LAY-UP MONTHS: (cross the months the vessel is being layed up):

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Maximum distance required for any one race: \_\_\_\_\_ n.m. Racing Excess: \_\_\_\_\_

Address where boat is stored: \_\_\_\_\_ How is boat stored / secured? \_\_\_\_\_

Sailcraft only/Mast construction:  Aluminium  Carbon  Wood  Fibreglass  Aluminium & Carbon

**MORRED CRAFT**

**(To be completed for moored craft only.)**

Mooring Location or where boat is stored: \_\_\_\_\_

How is Boat Moored / Stored:  Swing  Fore/Aft  Marina Berth  Dry Stack Other: \_\_\_\_\_

When was mooring last serviced and by whom? \_\_\_\_\_

Yacht Details:

Type of Rig:  Masthead  Fractional Rod Rugged:  Yes  No Number of Spreaders: \_\_\_\_\_

Type of Spreaders:  Swept Back  Inline Mast Construction:  Aluminium  Carbon  Wood  Fibreglass  Aluminium & Carbon

Date when rig was last checked and by whom: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Details: \_\_\_\_\_

Is the boat used for official and/or organised racing and/or speed trials?  Yes  No If yes, please supply details.

Maximum Distance required for any one race: \_\_\_\_\_

**GENERAL**

Where can boat be inspected? \_\_\_\_\_

Have you had the boat uninsured during the past 12 months?  Yes  No

Have you advertised the boat for sale during the past 12 months, and if so for how much?  Yes  No \$ \_\_\_\_\_

Has your boat been professionally designed?  Yes  No Has your boat been professionally built?  Yes  No

Is your hull or motor modified or performance enhanced in any way?  Yes  No

If yes, please list specific details - Hull \_\_\_\_\_ Motor \_\_\_\_\_

Purchased from: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Purchase Price: \$ \_\_\_\_\_

**DECLARATION**

**IMPORTANT NOTICE**

**Your duty of disclosure and answering questions**

Mercury Insurance acts as agent for Allianz in issuing policies and handling claims. The decision we make on behalf of Allianz whether or not to insure you will depend on the information you give us. Before you enter into an insurance contract with Allianz, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance. The Act imposes a different duty the first time you enter into the policy with us to that which applies when you vary, renew, extend, reinstate or replace your policy. We set these two duties out below. **Your duty of disclosure when you enter into this policy with Allianz for the first time**

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers,
- tell us everything you know, and
- tell us everything that a reasonable person in the circumstance could be expected to tell us.

**Your Duty of Disclosure when you renew, vary, extend, reinstate or replace your policy**

When you renew, vary, extend, reinstate or replace the policy your duty is to tell us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to you which:

- you know, or
- a reasonable person in the circumstances could be expected to know, is relevant to our decision

whether to insure you and whether any special conditions need to apply to your policy.

**What you do not need to tell us for either duty**

You do not need to tell us about any matter:

- that diminishes Allianz' risk,
- that is of common knowledge,
- that Allianz know or should know as an insurer, or
- that we tell you we do not need to know.

**Who do the above two duties apply to?**

Everyone who is insured under the policy must answer the questions in this way.

**What happens if you or they do not comply with the relevant duty?**

If you or they do not comply with the relevant duty, Allianz may cancel the policy or reduce the amount they pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

**PRIVACY ACT 1988**

Club Marine\* collects, uses, stores and discloses your personal information, including sensitive information, in order to

- decide whether to issue a policy;
- determine terms and conditions of your policy;
- compile data which it may share with us as its agent;
- handle claims;
- market its and our products and services and those of its related companies, brokers, intermediaries and business partners, and enable those entities to market their products and services to you; and
- undertake research and analysis and design new insurance products.

The entities that Club Marine may disclose your personal information to include entities that assist it in its business, its related companies and its business partners. For more details on such disclosures you should review the Club Marine privacy policy on its website [www.clubmarine.com.au](http://www.clubmarine.com.au).

If you do not want Club Marine to use or disclose your information for marketing please call Club Marine or visit the privacy section of its website.

In some instances, your personal information may be disclosed to entities located overseas, including other companies in the Allianz Group, business partners, and others who assist Allianz in providing services. The countries in which these recipients are located will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom and the United States of America.

\*Club Marine means Club Marine Limited, a wholly owned subsidiary of Allianz Australia Insurance Limited that is a part of the Allianz Australia group (Allianz) which specialises in pleasure craft insurance.

**DECLARATION**

By signing this addendum to the proposal, I acknowledge that I have read and understood the Duty of Disclosure and Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this proposal.

INSURED'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**GENERAL**

**PAYMENT OPTIONS**

1. Cheque/Money Order – please attach to the proposal, complete the questions, and forward to your local Mercury Insurance office.

2. Credit Card:  MasterCard  Visa

Card N°:                      Amount \$ \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please debit my account credit card authority. Amount \$ \_\_\_\_\_

