

Pleasurecraft Quotation Form

AIB AUSTRALIA

APPLICANT DETAILS			
Names of Insured in full	Name	Date of Birth	Are you Retired?
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If different from Registered Owner please advise	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Status	Registered Business <input type="checkbox"/> Yes <input type="checkbox"/> No	ABN: <input type="text"/>	Taxable: <input type="text"/> %
Insured's Phone	<input type="text"/>	Email	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Financier/ Mortgagee Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Type of Finance	<input type="checkbox"/> Lease <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Unsecured Loan <input type="checkbox"/> Secured Loan		
Period of Insurance	From: <input type="text"/>	To: <input type="text"/>	

COVER REQUIRED			
Purpose of Use Business/Private	<input type="text"/>	If Business Use Usage	<input type="text"/>
How Vessel Stored/Moored	<input type="text"/>	Geographical Limits	<input type="text"/>
Address where Vessel Stored/Moored	<input type="text"/>		

VESSEL DETAILS			
Hull		Sum Insured	<input type="text"/>
Name of Vessel	<input type="text"/>		<input type="text"/>
Vessel Type (runabout, yacht etc.)	<input type="text"/>	Year	<input type="text"/>
Make	<input type="text"/>	Model	<input type="text"/>
Rego	<input type="text"/>	Vessel ID	<input type="text"/>
Construction	<input type="text"/>	Length	<input type="text"/>
Fire Extinguishers	<input type="checkbox"/> None <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Details	<input type="text"/>

MOTORS			
Motor 1		Sum Insured	<input type="text" value="\$"/>
Year	<input type="text"/>	Serial Number	<input type="text"/>
Make	<input type="text"/>	Horsepower	<input type="text"/>
Petrol/Diesel/Turbo	<input type="text"/>	Inboard/Outboard	<input type="text"/>
Max Speed/Knots	<input type="text"/>	If Inboard Rear or Centre mounted	<input type="text"/>
Motor 2		Sum Insured	<input type="text" value="\$"/>
Year	<input type="text"/>	Serial Number	<input type="text"/>
Make	<input type="text"/>	Horsepower	<input type="text"/>
Petrol/Diesel/Turbo	<input type="text"/>	Inboard/Outboard	<input type="text"/>
Max Speed/Knots	<input type="text"/>	If Inboard Rear or Centre mounted	<input type="text"/>

TRAILER			
Trailer		Sum Insured	<input type="text" value="\$"/>
Make	<input type="text"/>	Year	<input type="text"/>
Rego	<input type="text"/>	Chassis Number	<input type="text"/>

ACCESSORIES, EQUIPMENT, SAILS, MASTS, SPARS ETC.			
Total Equipment Sum insured - (if insufficient space please attach list)			<input type="text" value="\$"/>
Description	<input type="text"/>	Sum Insured	<input type="text" value="\$"/>
Description	<input type="text"/>	Sum Insured	<input type="text" value="\$"/>
Description	<input type="text"/>	Sum Insured	<input type="text" value="\$"/>
Description	<input type="text"/>	Sum Insured	<input type="text" value="\$"/>
Description	<input type="text"/>	Sum Insured	<input type="text" value="\$"/>

DINGHY OR TENDER			
Does Vessel have Unregistered Tender / Dinghy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Description	<input type="text"/>	Sum Insured	<input type="text" value="\$"/>
*** If vessel registered it will need to be insured as a Seperate Vessel ***			

Total Sum Insured All Sections	<input type="text" value="\$"/>
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THIRD PARTY LIABILITY			
<input type="checkbox"/> \$ 1,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000
Is Water-skiers cover and/or aquaplaning required	<input type="text"/>		
Is Racing Cover Required (if Yes full details of events)	<input type="text"/>		
*****PLEASE ATTACH CURRENT PHOTOS AND SURVEY IF HELD *****			

PURCHASE DETAILS	
Purchased From	<input type="text"/>
Purchase Date	<input type="text"/>
Purchase Price	<input type="text"/>

PREVIOUS INSURANCE			
Current Insurer	<input type="text"/>	Policy Number	<input type="text"/>
No Claim Bonus Entitlement	<input type="text"/>	Number of Claim Free Years	<input type="text"/>
Due Date	<input type="text"/>	** Please attach proof of No Claim Bonus Entitlement	

ACCIDENT, CLAIMS AND PERSONAL DETAILS	
All questions must be answered by and in respect of each of the applicants.	
1) During the last 5 years, have you or any person who will regularly use your vessel:	
a) Had any insurances cancelled, refused or had special conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Made any boat insurance claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you or anyone permanently residing with you, been convicted of any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property during the last 10 years?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you been declared bankrupt and not been discharged for at least one year?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE SUPPLY FULL DETAILS, DATE, CIRCUMSTANCES, AMOUNTS, ETC.	
If insufficient space, please provide additional details on a separate page.	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SIGNATURE & DECLARATION	
I/We declare that The information in this application is true and correct and I/We have not withheld any relevant information. The vessel is in a sound state of repair and the sums stated represent their full value. I/We understand that any statement made in this application will be treated as a statement made by all of the people insured.	
Signature of Applicant	<input type="text"/>
Date	<input type="text"/>
Signature of Applicant	<input type="text"/>
Date	<input type="text"/>