



INSURANCE MANAGEMENT (BAHAMAS) LIMITED

INSURANCE BROKERS AND AGENTS

NEW PROVIDENCE

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YACHT AND PLEASURE CRAFT INSURANCE PROPOSAL FORM

Unless all material facts are disclosed, this insurance could be invalidated. Material facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the Proposal. If you are in any doubt about whether facts are material, you should disclose them.

A copy of the completed Proposal form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract. A specimen Policy is available on request.

Commencement Date of Insurance:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Expiry Date of Insurance:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Which cannot be before the acceptance of the Proposal by the Insurers)

Proposers Name: _____

Postal Address: _____

Telephone: _____ (Home) _____ (Business) _____ (Cell)

E-mail: _____ Currency B\$ or US\$: _____

Occupation: _____ Age: _____

1. Have you or any member of your family residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences? YES NO
2. Have you or any person in 1. above suffered from diabetes, epilepsy, heart condition or any other physical or mental disability, infirmity or disease, or had any condition controlled by drugs? YES NO

If 'YES' to either of the above questions please give details here

3. HULL DETAILS

- a) Name of Vessel _____
- b) Type/Class _____
- c) Serial Number _____
- d) Material of Hull _____
- e) Manufacturers Name _____
- f) Year Built _____ g) Overall Length _____ h) Beam _____
- i) Maximum designed speed with present engine(s) _____
- j) Date of last survey by a qualified surveyor _____
(Please attach a copy of the report)
- k) Has the vessel been subject to conversion, modification or amateur construction? YES NO
If 'YES' please give details here _____
- l) Details of any security devices or fire extinguishing systems: _____
- m) Name and Address of any Bank or other institution that has an interest in the vessel to be insured: _____

4. MAIN ENGINE DETAILS

- a) Inboard Outboard Single Twin Triple
- b) Make _____ c) Model _____
- d) Serial Number(s) _____
- e) Horsepower of each engine _____ f) Fuel used _____
- g) Year of Make _____

5. AUXILLIARY OUTBOARD ENGINES (if any)

(Please insert details)

6. TRAILER

- a) Make _____ Model _____
- b) How is the Trailer immobilized when left unattended? _____

7. BOAT HANDLING EXPERIENCE

- a) Number years as owner, crew member or operator of this type of vessel _____
- b) Do you have any special qualifications? (e.g. Yacht Masters Certificate) YES NO
- c) Have you had any accidents, incidents, losses or insurance claims during the past five years in connection with any vessel you have sailed or owned? YES NO
- d) Have you previously insured any vessel? YES NO
- e) Have you ever had insurance on a vessel cancelled, refused renewal or renewed only at increased terms? YES NO

If you have answered 'YES' to any of the above questions please give details here

8. USE OF VESSEL

- a) Is the vessel used for any purpose other than for private and pleasure purposes by the Proposer? YES NO
- b) Is the vessel used by yourself only? YES NO
- c) Is the vessel sailed single-handed? YES NO
- d) Is the vessel used for water-skiing, aquaplaning or any similar activity? YES NO
- e) Is the vessel used for racing? YES NO
- f) Will the vessel navigate outside the waters of the Commonwealth of The Bahamas? YES NO
- g) Is the Vessel in the waters of the Commonwealth of The Bahamas under a sailing Permit? YES NO

If you have answered 'YES' to any of the above questions please give details here

9. MOORINGS

- a) Where is the vessel moored when in commission? *(If not a Marina give details of type of mooring and precise location)*
- b) Where is the vessel stored when laid up and out of commission?
- c) Dates the vessel is normally laid up and out of commission:

From: To: each year

10. SUMS INSURED

	Value to be Insured	Date Purchased	Purchase Price
a) Hull and Equipment including any inboard engine	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Outboard Motors to parent vessel	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Dinghy/Tender to Parent Vessel N. B. Must be permanently marked with name of parent vessel	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Outboard Motors to Dinghy/Tender	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Personal effects (if more than \$500)	<input type="text"/>	Not Applicable	Not Applicable
g) Special Equipment (<i>all items to be listed with individual values on separate sheet</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. LIABILITY, PROTECTION AND INDEMNITY

- a) Is this insurance required? YES NO
- If 'YES' please indicate Limit of Indemnity required: \$100,000 \$250,000 \$500,000 Other \$ _____
- b) Do you want this Section of the Policy extended to cover water-skiing, aquaplaning or similar activities?
YES NO
- If 'YES' please insert Limit of Indemnity required (Maximum \$100,000) : \$ _____
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12. VOLUNTARY DEDUCTIBLE

A minimum compulsory deductible of 2% of the Hull, Engines and Equipment Sum Insured is normally applied (subject to a minimum of \$500). Discounts may be available if this amount is increased to 3%, 4%, 5% or 6%.

Do you wish to increase the deductible? YES NO if 'YES' insert amount %

13. DECLARATION

I/we declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I/we have not withheld any information that is likely to influence the decision of the Insurers in regard to this proposal. Signing this form does not bind the proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.

Signature of Proposer(s) _____ Date _____

14. EXCHANGE CONTROL DECLARATION**(To be signed only by non-residents of The Bahamas eligible for US\$ denominated Policies)**

I/we declare that The Central Bank of The Commonwealth of The Bahamas does not designate me/us as a resident(s) of the Commonwealth of The Bahamas for Exchange Control purposes. I will immediately notify Insurance Management (Bahamas) Ltd in writing in the event of any change of status.

I/we understand that payment of a claim under a Policy of Insurance in currency other than Bahamian currency is subject to approval by The Central Bank of The Bahamas.

Signature of Proposer(s) _____ Date _____
