



Coastal Marine Services Limited

Fishing Vessel Proposal Form



Owner(s) Name:			
Manager(s) name:			
Address			
Telephone No:		Fax No:	
Mobile:		Email No:	
Vessel:			

Length of time vessel owned:		Name of previous owners of vessel:	
Date vessel purchased:		Purchase price:	

Name of mortgagee:		Value of vessel:	
Amount of original mortgage:		Amount of current mortgage:	

DETAILS OF SKIPPER

Is the owner the skipper		If not, then Skipper's Name:	
Certificate/ qualifications held:			
Total fishing experience (years):			
Length of service with proposal vessel (years):			
Previous vessels skippered:			
Other relevant experience:			

COVER REQUIRED

Period (from):	/ /	(to):	/ /
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H&M:	Yes		No	
P&I	Yes		No	
4/4th Collision risk:	Yes		No	

VESSEL DETAILS:

Vessel's name:		Port registration no.	
Previous name(s):		R.S.S. no.:	
Builder:		Where built:	
Year built:		Home port:	
Fishing no:		Vessel Type:	
Flag:		Gross reg. tonnage:	
LOA		Registered length:	
Material of construction		Date of next dry docking:	
Date of last survey/slipping:		By class/DoT:	
Type of propeller:		Type of sterngear:	
Special electronic equipment fitted (e.g. Sonar, Radar, V.H.F. etc.):		Owned (Y/N):	
		Owned (Y/N):	
		Owned (Y/N):	
		Owned (Y/N):	
Make and type of fire extinguishers:			

H&M

Engine year built:		Make and model:	
H.P.:		R.P.M.:	
Date of last overhaul:		Hours (total):	
Hours (since last o/h)			
Age and type of gearbox:			
Age and type of auxiliary engine(s):			
Age and type of winch:			
Special features (e.g. turbo)		Maximum designed speed:	
Details of any major refit/overhaul on hull over last five years:	Date:		
	Approx. cost:		
	Details:		
Does the vessel hold a current DTI survey certificate	Yes / No / NA	Expiry Date:	
Number of crew	Yes / No / NA	If yes, which classification society?	
Number of crew		Nationality of crew	

Are all crew covered by a Separate Personal Accident Cover?	Yes / No	Capital sum:	
Weekly sum:		Maximum duration of payments:	
Current Third Party Insurer:			

OPERATION

Area of operation:	
If you carry passengers state how many:	
Are Vessels laid up at any time?	Yes / No
If Yes, Approximate period vessel is laid up each year:	
State type of mooring when laid up (Ashore/Mud berth etc):	
Where is vessel kept when laid up / Out of commission?	

TYPE OF FISHING

Trawling		Seining		Line		Longline		Cray	
Dredging		Abalone		Gill Nets		Pots		Traps	
Support		Mothership/factory							

Coastal Marine Services Ltd must be advised if the vessel is used at any time for operations other than fishing or if the fishing method changes.

INSURANCE HISTORY

Claims/Incidents of Skipper, Owner and vessels(s) in last 5 years whether insured or not: (Continue on separate sheet if necessary)



CHECK LIST

Please ensure that the following supporting documentation is included with this entry form:

- | | | |
|--|---|--------------------|
| 1. Copy of MCA Certificate or Local Authority equivalent | } | Refer to
Policy |
| 2. Proof of no claims bonus, if applicable | } | |
| 3. Copy of most recent survey, if applicable | } | |

You must complete this DECLARATION carefully which confirms the information you have provided within the proposal form

DUTY OF FAIR PRESENTATION

1. Before entering into this insurance contract, you / the policyholder must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, you / the policyholder must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium)
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
2. For the purposes of clause (a) above, you / the policyholder is expected to know the following:
 - a. If the you / the policyholder is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the you / the policyholder is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether you / the policyholder is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.



Name of current insurer (if none, last insurer): & premium, conditions etc	
Has any insurer ever declined to insure you or the skipper?	Yes / No
If Yes, please provide details:	

OR imposed restricted terms in respect of this vessel or any other vessel Owned, Operated or Managed	Yes / No
Has the owner or skipper ever been convicted of fraud or any criminal offence	Yes / No
If Yes, please provide details:	Yes / No

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

Name of partner/principal/director

Position

Signature of partner/principal/director

Date
