

Boat Insurance Application Form



MAS
FREEPOST 884
PO Box 13042
Johnsonville, Wellington
–
Phone 0800 800 627
Fax (04) 477 0109
Email info@mas.co.nz

i Important information

Please read the information below before completing this application. You have a duty to disclose all information that MAS may want to take into account in deciding whether or not to accept your application and, if so, on what terms. The information that you provide in this application must be true, correct and complete. In addition to answering the specific questions asked, you must disclose everything you know that may be relevant to this insurance.

Please complete this form and email it to info@mas.co.nz

Member details

Member *(Name in full)*

The Insured *(Name in full – include name of trustees if applicable)*

Postal address

Phone

Email

Period of Insurance

From

To

Voluntary excess

If you accept responsibility for voluntary excess, premium reductions apply. Please indicate the amount of voluntary excess you wish to apply to your policy

\$200

\$500

\$1,000

\$2,000

Insured boat

Launch	Powerboat	Yacht	Jetboat	Jetski-pwc	
Other (please state)					
Make / Model / HP			Name of boat		
Year of manufacture			Engine make		
How is the boat stored?		Trailered	Moored		
Is the boat subject to any financial interest by another party? *If yes, please give details				Yes*	No
<input type="text"/>					

Is the boat let out on hire or charter or used for conveying fare paying passengers?
*If yes, please give details

Yes* No

Specified items (Please provide details for any of the following items which are valued at \$5,000 or more)

Outboard motor (1)

Make / Model / HP	Year
Serial number	Amount <input type="text"/>

Outboard motor (2)

Make / Model / HP	Year
Serial number	Amount <input type="text"/>

Trailer

Make / Model	Year
Registration number	Amount <input type="text"/>

Any other specified items (Please provide details for any of the following items which are valued at \$5,000 or more)

Sounder	Fish finder	G.P.S	Chart plotter	Radar
Description				
Make / Model			Year	
Serial number			Amount <input type="text"/>	
Description				
Make / Model			Year	
Serial number			Amount <input type="text"/>	

Please list any other items

(e.g. Radio telephone, Auto pilot, TV, DVD and entertainment devices having a value of \$5,000 or more)

Description	
Make / Model	Year
Serial number	Amount <input type="text"/>

Insured boat continued

Price paid or current value of boat including all specified items (as above)

Amount \$

Is your boat permanently moored?

Yes No

Location 1

Mooring number

Mooring type Marina Pole Swing Other

(please specify)

Location 2

Mooring number

Mooring type Marina Pole Swing Other

(please specify)

Is your boat fitted with current fire extinguishers? *If yes, please give details

Yes* No

Number Type

Please describe how your outboard motors are secured to the boat

Please describe the security/alarm system for your boat

Qualifications and experience

Do you have any formal marine qualifications, e.g. Dayskipper, Boatmaster, Coastal yachtmaster?

*If yes, please give details

Yes* No

Please describe your previous boating experience

Previous insurance and losses

Have you, or anyone else who will be in control of the boat, had any boating accidents, damage, or theft in the last 5 years – whether a claim was made or not? **If yes, please provide full details* Yes* No

Have you suffered losses to any boat owned by you whether an insurance claim was made or not? **If yes, please provide details of insurance company* Yes* No

Premium payment

How would you like to pay?

By direct debit Annually Monthly Quarterly Six-monthly

Direct debit form completed Yes No *(please complete a direct debit form)*

Deduction of the first premium by Visa/Mastercard/Amex/Diners *(please call 0800 800 627 to renew this each year)*

Credit/debit card number Exp

Name on card

I authorise the deduction of the first premium by credit/debit card

Signature Date

Annually by cheque or internet banking on receipt of renewal letter

Declaration

Disclosure of relevant information

I understand that I have a duty to disclose all information that Medical Insurance Society Limited (MAS) may want to take into account in deciding whether or not to accept my application and, if so, on what terms. I confirm that

- all the answers in this application are true, correct and complete; and
- I have disclosed everything I know that may be relevant to this insurance.

I understand that if I have not disclosed all relevant information that I know, MAS may decline a claim I make under this policy, cancel the policy or treat the insurance as being invalid from the beginning.

Privacy Act 1993

I understand that

- the personal information MAS collects from me will be used to underwrite and administer my insurance; and
- I am entitled to access and correct the personal information MAS holds about me, in accordance with the provisions of the Privacy Act 1993.

I authorise MAS to give or obtain personal information about me (relevant to my insurance) to or from others including but not limited to the Insurance Claims Register Limited.

Signature Date

For assistance call 0800 800 627 or visit mas.co.nz