



MAS, FREEPOST 884, PO Box 13042, Johnsonville, Wellington.
Phone 0800 800 627. Facsimile (04) 477 0109.

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.

Office use only

Member number

Policy number

Branch

Adviser

District name

Cover Type

Trailerred

Moored

Discount age/package

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

Premium payment How do you wish to pay your premium

By direct debit Annually Monthly Quarterly Six-monthly

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

Deduction of the first annual 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 annual premium by credit/debit card

Signature

Date

Annually by cheque or internet banking on receipt of renewal letter

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

\$500 \$1,000 \$2,000

Other (please state)

Insured boat

The Boat Launch Powerboat Yacht Jetboat Jetski-pwc

Make / Model / HP

Name of boat

Year of manufacture

Engine make

How is the boat stored? Trailerred Moored

Is the boat subject to any financial interest by another party? Yes\* No

\*If yes, please give details

Is the boat let out on hire or charter or used for conveying fare paying passengers? Yes\* No

\*If yes, please give details

**Insured boat  
continued**

**Specified items** (Please provide details for any of the following items which are valued at \$2,500 or more)

**Outboard motor (1)**

Make / Model / HP

Year

Serial number

Amount \$

**Outboard motor (2)**

Make / Model / HP

Year

Serial number

Amount \$

**Trailer**

Make / Model

Year

Registration number

Amount \$

**Any other specified items** (Please provide details for any of the following items which are valued at \$2,500 or more)

Sounder

Fish finder

G.P.S.

Chart plotter

Radar

**Description**

Make / Model

Year

Serial number

Amount \$

**Description**

Make / Model

Year

Serial number

Amount \$

**Please list any other items** e.g. Radio telephone, Auto pilot, TV, DVD and entertainment devices having a value of \$2,500 or more

**Description**

Make / Model

Year

Serial number

Amount \$

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

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?

Yes\*  No

\*If yes, please give details

Number

Type

Please describe the security/alarm system for your boat

Please describe how your outboard motors are secured to the boat

**Qualifications and experience**

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

Yes\*  No

*\*If yes, please give details*

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?

Yes\*  No

*\*If yes, please provide full details*

Have you suffered losses to any boat owned by you whether an insurance claim was made or not?

Yes\*  No

*\*If yes, please provide details of insurance company*

**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.

Signed (Consultant)

Date

