

PROPOSAL FORM

FOR INSURANCE

Marine Insurance

You must inform British Caymanian Insurance Company Limited (BritCay) of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

SECTION 1 DETAILS OF APPLICANT					
Full Name					
Mailing Address					
Email Address	Occupation				
Date of Birth (DD/MM/YY)	Home/Mobile No				
Mortgagee/Lending Institution	Work No				
Period of Insurance From To	Requested Policy Currency Styp Supplemental Requested Policy Currency Requested Policy Republic Policy Republ				
 Please state your experience with the vessel you intend to insure 					
2. Other experience					
3. Who will be the main operator of the vessel					
4. Will other persons operate the vessel	□ No □ Yes - Details:				
What accidents, losses or claims have you had in connection with any vessel in the last five years					
6. Has BritCay or any other insurance company declined to insure you, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have or have held?	□ No □ Yes - Details:				
SECTION 2 VESSEL					
Name of Boat:	Registration No				
Hull Manufacturer and Model:					
Hull Material:	Length Overall (feet):				
Self Bailing Cockpit:□ Yes □ No Fire Extinguish	ners: 🗆 Yes 🗆 No 🔝 Price Paid for Vessel:				
Automatic Bilge Pumps: □ Yes □ No If Yes, how ma	ny pumps? Gallons Per Hour?				
Does the vessel currently have?					
a. Bimini: ☐ Yes ☐ No Material:	Year of Manufacture:				
b. Dodger: Yes No Material:	Year of Manufacture:				
c. T-Top: Yes No Material:	Year of Manufacture:				
d. Storage Covers: ☐ Yes ☐ No Material:	Year of Manufacture:				
e. Cushions: Yes No Material:	Year of Manufacture:				
f. Life Jackets: Yes No Material:	Year of Manufacture:				



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g.	Depth Sounder: Yes \square No Manufacturer:	Year of Manufacture:
h.	Navigational Electronics: ☐ Yes ☐ No Manufacturer:	Year of Manufacture:
i.	Audio/Visual System:□ Yes □ No Manufacturer:	Year of Manufacture:
j.	VHF Radio: Yes □ No Manufacturer:	Year of Manufacture:
k.	Air Conditioning: Yes □ No Manufacturer:	Year of Manufacture:
l.	Cooking Facilities: Yes □ No Fuel Used:	Year of Manufacture:
Fo	r Sailing Vessels only, please give a description of the sa	ails, spars and rigging with date of installation.
Sai	l Inventory:	
Sta	nding Rigging:	
Ru	nning Rigging:	
SEC	TION 3 POWER/ENGINE	
1.	Number of Engines: Horsepower (each):	Type: □ Inboard □ Outboard □ Inboard/Outboard
2.	Engine Make and Model:	Year Manufactured:
3.	For Outboard Motors - Serial Numbers:	
3.4.		
4.		
4.	Type of Fuel Used: TION 4 MOORINGS	
4. SEC	Type of Fuel Used: TION 4 MOORINGS	Tank Capacity (gallons):
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4. SEC	Type of Fuel Used:	Tank Capacity (gallons):Mooring Registration No.:
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4. SEC 1. 2.	Type of Fuel Used:	Tank Capacity (gallons):Mooring Registration No.:



SECTION 5 INSURANCE REQUESTED

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Vessel	Sum Insured	OFFICE USE (Premium)				
Hull	\$	\$				
Engine (including outdrive if fitted)	\$	\$				
Additional Cover	Sum Insured					
Dingy/punt	\$	\$				
Trailer	\$					
Personal Effects (list and values to be attached	ed) \$	\$				
	\$	\$				
	\$	\$				
Total Sum Insured	\$	\$				
Third Party Liability Limit:	□ \$250,000 □ \$500,00	\$				
Please select if you require:						
Liability Insurance for Water Skiers:	□ No □ Yes	\$				
Racing Risks (Sailing Vessels only):	□ No □ Yes	\$				
Transit Risks:	□ No □ Yes	\$				
SECTION 6 DECLARATION						
I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. I/We agree that this Proposal Form shall form the basis of the contract between me/us and British Caymanian Insurance Company Limited (BritCay) and I/we agree to accept BritCay's usual form of policy for insurances of this nature. If this Proposal has been written by anyone else, that person is my/our agent for that purpose and not the agent of BritCay. I/We hereby agree to immediately declare all subsequent accidents and/or losses. I/We understand that the Liability of the Insurers does not commence until the Proposal has been accepted by the Insurers. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)						
Print Name						
Signature Date						
To be Policy No.	Period of Insurance	Premium Agent Name				
completed by the Agent From:	То:	\$				

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Personal and Business Insurance