



Underwritten by Hollard Insurance Company Limited
Cross Country is an Authorized Financial Services Provider 39547
Registration number: CK 2008/013847/07 | VAT Number: 4020252203
Cross Country Insurance Consultants (Pty) Ltd



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AGENT NAME OR BROKER: _____

BROKER REPRESENTATIVE OR KEY INDIVIDUAL: _____ POLICY FEE: _____

INCEPTION DATE OF INSURANCE: _____

YOU SHOULD NOT SIGN THIS FORM, UNLESS YOU HAVE CONFIRMED THE ACCURACY OF ALL INFORMATION SUPPLIED ON THE APPLICATION FORM. UNDER NO CIRCUMSTANCES SHOULD YOU SIGN A BLANK APPLICATION FORM. IT IS A CONDITION OF THE POLICY THAT VESSELS HAVE A CURRENT WATERWORTHY/SEAWORTHY CERTIFICATE AND THE SKIPPER IS QUALIFIED TO USE A VESSEL IN ACCORDANCE WITH THE RELEVANT LEGISLATION.

PERSONAL DETAILS

Title: _____ Initials: _____ Surname: _____ ID Number: _____

Occupation: _____

Postal Address: _____ Postal Code: _____

Residential Address: _____ Postal Code: _____

Tel No (work): _____ Tel No (home): _____

Fax no: _____ Cellphone No: _____

E-mail Address: _____

BANK DETAILS

Account Holder: _____ Account No: _____

Bank: _____ Branch Code: _____

Account Type (tick whichever is applicable) - NO CREDIT CARDS

CHEQUE SAVINGS TRANSMISSION

Account Holders Signature: _____

I hereby authorize Hollard Insurance Company Limited to draw against the above account (or any other institution to which I may transfer my account) the amount necessary for the payment of the monthly premiums and adjustments due to Hollard Insurance Company Limited in respect of the insurance herein proposed. I agree that in the event of any debit order not being met by my financial institution, the Policy will be cancelled and of no effect from midnight of the last day of that month for which Hollard Insurance Company Limited has received premium. (Subject to any period of grace Hollard Insurance Company Limited wish to offer).

INFORMATION RELATING TO THE VESSEL AND MOTOR

STRICTLY PRIVATE USE ONLY (Unless agreed by Us in writing and stated on the Schedule)

A COPY OF THE SKIPPER'S CERTIFICATE (LICENCE) WILL BE REQUIRED WITH THE COMPLETED APPLICATION FORM.

A copy of the skippers certificate (licence) is required with the completed application form.

Date Purchased: _____ From whom purchased: _____

1. How many consecutive years have you owned and regularly used a vessel? _____

2. Is the skipper of the vessel under 30 years of age? (No persons under 16 years of age permitted to skipper a vessel including jet ski's) Yes No

3. Have you suffered any marine claims/losses in the past 3 years? Yes No

Please specify: _____

4. Have you suffered any other losses/claims in the past 3 years?
Yes No Please specify: _____
5. Have you or any person using your craft had their skipper's license endorsed, declined or cancelled?
Yes No If yes please specify: _____
6. Have you or any person using your craft ever been convicted of negligent or reckless driving?
Yes No If yes please specify: _____
7. Have you had any insurance declined, cancelled or endorsed?
Yes No If yes please specify: _____
8. Do you have, or have you had any judgements against you?
Yes No If yes please specify: _____
9. Where is the boat kept when not in use?
 Locked garage Enclosed locked carport/ behind locked gates Non-secure storage Moored with security
What security is in place? _____
If moored - please state the name of the Marina and whether they are professionally laid and maintained and secured

10. Where will your vessel be launched? Established launch facility Beach/surf launch
11. How often will your vessel be launched away from your regular launch site? _____
(ie, number of times per year)
12. Give full details of other launch sites you would utilise? _____

13. Where is the vessel used? Inland use only Inland and coastal use
14. Will the vessel be used outside the Republic of South Africa. If yes, please advise territories: _____
15. Is the craft and/or motors and/or trailer subject to hire purchase, and if so, with whom? _____
16. Do you require HP (credit shortfall) cover? Yes No Credit shortfall amount _____
17. Do you require extended repatriation up to R50 000 for an additional R20.00 per month (R35 000 automatically covered)
Yes No

PARTICULARS OF HULL

All sums insured for vessels up to 4 years old must represent the New Replacement Value. Vessels which are 4 years old or older must be insured for Market Value. Inflatables must be insured for Market Value regardless of the age of the Vessel.

YEAR VESSEL BUILT	MAKE MODEL/TYPE AND NAME	LENGTH	SUM INSURED

PARTICULARS OF MOTORS

All sums insured for Motors/Engines up to 4 years old must represent New Replacement Value. Motors/Engines which are 4 years old or older must be insured for Market Value. Motors attached to inflatables must be insured for Market value, regardless of the age of the Motors.

	YEAR	MAKE	HP	SERIAL NUMBER	SUM INSURED
MOTOR 1					
MOTOR 2					
MOTOR 3					

Is your motor an Evinrude E-TEC? Yes No

PARTICULARS OF TRAILER

Trailers within first year of registration as new - Replacement Value



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Trailers 1 years and older - Current Market Value

YEAR	MAKE AND MODEL	REGISTRATION NO	VIN NUMBER	SUM INSURED

PARTICULARS OF PERSONAL EFFECTS, FISHING, BOATING, OUTDOOR ALL RISKS AND SPECIAL ELECTRONIC EQUIPMENT TO BE SPECIFIED SEPERATELY UNDER THE ALL RISKS SECTION

A fully detailed list must be attached with respective new replacement values. Until the detailed list is received, the limit per item is R200,00.

DESCRIPTION	YEAR	SUM INSURED

WARRANTY

I hereby warrant that the above particulars and statements are true, correct, accurate and complete and contain all information known to Me affecting the risks to be insured and that this and any other statement made by Me or on My behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between Me and *Hollard Insurance Company Limited*.

I hereby declare that the Vessel reflected above, shall not be piloted by any person who is under the age of 16 years or as otherwise stated in the Schedule, and who to My knowledge has been refused any Small Craft Insurance or continuance thereof, in the past.

I confirm that any person piloting the insured Vessel will be compliant with the laws and regulations governing the operation of such Vessel, as prescribed by the South African Maritime Safety Association (SAMSA) at the time of operating the insured Vessel.

The SAMSA regulations will be enforced by Us, even where the insured Vessel is operated outside the Republic of South Africa and its Territorial waters.

I hereby consent that an enquiry can be done at inception of the policy or within the duration of the policy, with any registered credit bureau on my credit and insurance profile in order to assess and underwrite the risk fairly.

INSURED APPLICANTS SIGNATURE: _____ DATE: _____

ASTRA



MARITIME UNDERWRITING MANAGERS



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