H Savy Insurance Co Ltd

P.O Box 887, Maison La Rosière,
Palm St. Victoria, Mahé, Seychelles.
Tel: +248 4280 400 | Fax: +248 4321 666
Email: insuranc@seychelles.net / insurance@hsi.sc
Website: www.hsi.sc

Marine Hull Insurance
Proposal form

IMPORTANT NOTICE

You should fully and faithfully give all the facts you know or ought to know otherwise you may receive nothing from the Policy

The proposer who completes this proposal form is advised that the Company will not be liable for any loss or damage attributable to unseaworthiness where the vessel is operated whilst in an unseaworthy condition with the privity of the owner. The proposer warrants that the vessel, which is the subject matter of the proposed contract of marine insurance, will at all times be manned and operated as per all appropriate Government regulations.

Insurance Cover is operative after formal acceptance of this Proposal in writing by the Company and premium paid accordingly unless otherwise agreed and subject to all other terms and conditions as stipulated have been fully complied with.

Please use BLOCK CAPITALS and tick where appropriate

Proposer

Title (Mr, Mrs, Miss etc):	Surname:						Maiden Name:						
Names:													
Business Name:													
Nationality:	Date of Birth												
National Identification Number **Please provide National ID card, Passport or Driving License**													
Passport Number **(Non-nationals only):** **Please provide Passport**													
Residential Address **(excluding P.O. Box):**							Postal Address:						
Please provide utility bill e.g. water, electricity, fixed line telephone/bank statement issued within the past 3 months													
Email Address													
Telephone	Home:			Office:			Mobile:						
Employment status	Employed		Self-employed		Unemployed		Retired						
Post Title: Sector:							Employment/Business address:						

Source of Funds	Salary		Maturing Investment		Rental/Property Sale		Sale of Shares	
	Retirement/ Pensions		Savings		Dividends/ Interests		Gift	
	Lottery/Casino win		Inheritance		Loan		Other (please specify)	
Average Monthly Income			Under SR50,000		Above SR50,000			

The Vessel

Name of Vessel:			Statutory Reg. No:	
Dimensions	Length:	Beam:	Draft:	Depth:
Type of Vessel:				
Material of Hull & how built:				
Builder's Name:				
Date Built:			Professional or Amateur Built:	
Place Built:			Tonnage GRT:	

Main Engines(s)	Make:			Serial No(s):				
	Power: h.p/kw			No. of Cylinders:				
	Maximum designed speed:			Fuel	Petrol		Diesel	

Is vessel encumbered under any Hire Purchase Agreement?			No	
Name of Mortgagee/Lessor/Financial Institution who has any interest in the vessel:				
Address:				

The Sum Insured

Total Proposed Sum Insured comprising of:			
Hull Including fixed fixtures & fittings Excl. below	Rs.		
Machinery	Rs.		
Electronic Equipment/Navigational Aids	Rs.		
Dinghy	Rs.		
Dinghy Motor	Rs.		
• Make		• Year Built	
• Power h.p/kw		• Inboard/Outboard	
Other	Rs.		
Total sum Insured:	Rs.		
Date vessel purchased:		Purchase Price:	

Liabilities

What amount of Third Party Liability cover is required?	Rs.			
Do you wish this cover to extend to liability to fare paying passengers?		Yes	No	

Do you wish this cover to extend to cover food and drink poisoning liability?	Yes		No	
Number of passengers licensed to carry:	Maximum duration per trip:			
Is your vessel entered in a Protection and Indemnity Club?	Yes		No	
If Yes, state Name:				
If yes, is the above liability cover still required	Yes		No	

Record and Experience

Is the vessel actually skippered by the Proposer?	Yes		No	
If no, please state master's name:				
Will others be permitted to navigate vessel?	Yes		No	
If yes, please state name:				

	Proposer	Master	Others
Have you ever been convicted of any criminal offence and/ or had any maritime license suspended?			
State Maritime qualifications and experience			
Details of sea going experience			
Details of any previous accidents to vessels under your control or ownership (last five years)			

Will vessel operate without a qualified master in command?	Yes		No	
Has any insurer ever				
• Declined to insure or renew cover?	Yes		No	
• Cancelled any existing insurance?	Yes		No	
• Imposed any restrictions or increased premium?	Yes		No	
If any of the above is Yes, please give details:				

Crewing

Is a qualified engineer employed aboard?	Yes		No	
Name and Qualifications:				
Number of crew when vessel in commission:				

Operations - Navigation - Survey

Specify type of trade in which vessel engaged:
Home port and area from which vessel will operate:
Navigational Limits as specified by the Marine Authority:
Expiry date of last Survey (**Please provide survey report and valuation certificate**):
Where is the vessel normally moored when:
• In Commission
• Laid Up
Frequency vessel
• Slipped for inspection
• Inspected at moorings

Date moorings last inspected:	Is the vessel currently in normal use	Yes		No	

Current Insurance Arrangements

Is the vessel proposed for insurance presently insured?		Yes		No	
If Yes, provide:	Name of Insurer:	Expiry date of Policy:			

Signing this form does not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. (A copy of the Policy may be provided on request)

Declaration

I/We desire insurance as above and hereby declare all the statements made and particulars given in this Proposal Form to be true, that I/We have not withheld any material information and that I/We agree that this declaration shall be the basis of the contract between me/us and **H SAVY INSURANCE COMPANY LTD**

I hereby authorize a representative of H Savy Insurance Company Ltd to complete the proposal form on my behalf. I certify that I have read the contents of this form and that all entries made are both truthful and accurate to the best of my knowledge. ***Please tick the box if applicable*** ☐

Signature: ***Date:***

Disclaimer: Without prejudice where this policy proposal is completed by a representative of H Savy Insurance. H Savy Insurance have the right to cancel this policy if the proposer is not deemed to be of sound mind at the time this policy proposal form was completed.

Admin use only

Proof of identity **(Passport, National ID card, Driving License)**	☐	Proof of address (issued in the last 3 months)	☐
Legible copy of original	☐	Copy of original	☐
Details manually entered in SLAMS	☐	Details manually entered in SLAMS	☐
Copy labelled and attached in SLAMS	☐	Copy labelled and attached in SLAMS	☐