

Marine Proposal Form

This proposal form must be completed by a duly authorized Company Representative.

Contact Details

Company Name:

Mailing Address:

Contact Name:

Tel No

Email Address:

Company Website:

Vessel Details

What is the use of the vessel?

Average amount of trips?

Annual amount of passengers?

Annual turnover?

Do you have a Captain's License? If yes, provide details.

Captain/Crew Experience

Port Registration No.

Port License No.

Do you have a survey for this vessel? If yes, specify date.

Do you have a hurricane plan for this vessel? If yes, specify date.

Cruising Limits

Vessel Details

Loss Payee. If yes, please state the interested party.

What coverage do you require?

Vessel Name

Length (Feet)

Engine Type

Motor Details

Make

Model

Inboard or Outboard

Horsepower

Single or Twin Motor

Serial Number(s) (only if outboard)

Fuel

Year of Manufacture

Type of Class

Sum Insured

Hull Details

Make

Model

Builder Name

Hull Material

Hull ID Number

Max Designed Speed

Date Last Surveyed

Year of Manufacture

Date purchased

Price Paid

Sum Insured:

Special Equipment

Do you require cover for special equipment?

If yes, please specify the amount required.

Medical Expenses

Do you require medical expenses cover?

If yes, state the limit for medical expenses.

Personal Effects

Do you require personal effects cover?

If yes, enter the amount for personal effects.

Do you require Personal Accident Cover?

Total Sum Insured

Deductible:

Main Vessel Deductible

Cat Perils Deductible

Other Deductible

Dinghy/Tender & Trailers

Do you have a Dinghy/Tender?

Dinghy/Tender Details

Type

Construction Material

Length (Feet)

Outboard Make

Outboard Serial Number

Outboard Serial Number

Year of Manufacture

Value

Deductible

Total Sum Insured

Do you require cover for a trailer?

Trailers

Description

Serial Number

Value

Deductible

Total Sum Insured

Personal Accident

What type of cover do you require?

Please indicate the amount you wish to insure for compensation.

Please state the following:

Date of Birth

Height

Weight

Personal Accident

Is your weight increasing, decreasing or stationary?

Give details of all serious injuries or past illnesses

Are you in good health and free from any ailment, physical defect or infirmity?
If no, please give details.

If you own or regularly travel in a car please state the following:

Name

Occupation

Wages/Annual Salary

Death

Loss of Limbs or Sight

Temporary Disablement

Temporary Partial Disablement

Permanent Total Disablement

Total Sum Insured

Do you require cover for:

Hunting

Horseracing

Racing of any kind (other than on foot)

Football

Polo

Motor cycling

Mountaineering with guides and ropes

Winter Sports

Diving/Snorkeling

Potholes/Digging

Other

Your Insurance History

Reason for Policy?

Any other Policies with Cayman First/Bahamas First? If yes, provide details.

Have you, Directors or Partners:

Ever been refused insurance or had special terms applied? If yes, please provide details.

Any claims during the last 5 years? If yes, please provide details.

Any non-motor convictions? If yes, please provide details.

Ever been declared bankrupt? If yes, please provide details.

Ever had a loss under a Marine policy? If yes, total number of claims made.

Currency

Please state currency to apply to the policy

Associated Clients

Name

Association

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Cover Start Date

Please state date you wish cover to start

Declaration

**Please read this very carefully and if acceptable then sign and date below.
You should show this declaration to anyone who has an interest in property insured under this policy.**

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.