

# Personal Water Craft Application Form

## Completion of this Form

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate page and attach it to the Proposal.

## Acceptance of Proposal

Cover for this insurance will not commence until agreed and accepted by Coast in writing. Coast reserves the right to decline any Proposal and to verify any information provided.

## Defined Terms

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

## Broker Contact

Brokerage

Broker Contact

## The Applicant

Owners

1

Date of birth  /  /

2

Date of birth  /  /

3

Date of birth  /  /

4

Date of birth  /  /

Are there more owners to note?  Yes  No

Address

Post Code

Email

Postal Address (If different)

Post Code

Phone

Interested Party

From

To

Period of Insurance

At 4pm local time

### Is the Customer/You within the Target Market for this product?

What is the maximum speed the vessel is capable of?

It is important that our insurance policies are only sold to customers that are inside our target market. If you answer **'yes'** to any of the following, the proposed customer is **outside** our target market.

Is the vessel(s) to be insured by this policy;

- not the customer's/Your vessel (e.g. borrowed or hired)?  Yes  No
- used for financial reward or vessels registered for commercial use?  Yes  No
- vessels operating outside of Australian or New Zealand waters and the waters located between these 2 countries?  Yes  No
- at any time during the insurance period, under construction (other than being refitted) or prior to being launched?  Yes  No
- required to be registered or zoned and that are not registered as watercraft (for example, a floating office).  Yes  No
- used for permanent accommodation? (agreement available upon request).  Yes  No

Please visit our website to consider our Target Market Determination (TMD) in full for this product.

## History

Who is the current insurer?

When does the current policy fall due?

Has the owner(s), or named Skipper(s) of the vessel, in the last 5 years:

Ever had an insurance policy declined, cancelled or special conditions imposed?  Yes  No

If yes, please provide detail

Date

Made any claims for insurance on a vessel in the last 5 years?

Yes  No

If yes, please provide detail

Date

Has the owner(s), or named Skipper(s) of the vessel, in the last 5 years:

Been convicted of any criminal offence within the past 5 years  
(other than minor traffic convictions)?

Yes  No

If yes, please provide detail

Date

Have you any unreported or uninsured losses?

Yes  No

If yes, please provide detail

Date

Any other matters you should disclose?

Yes  No

If yes, please provide detail

Date

Incident

Amount

Have you put any preventative or corrective measures in place?

Yes  No

## The Personal Water Craft

Year

Number of Seats

Construction

Make & Model

Type:

P.W.C. (Jet Ski)

Other

Registration / Sail No.

H.I.N.

## Motor

Year  Horse Power

Make & Model

Type:  Petrol  Diesel  Electric  Other

Maximum Capable Speed:  Up to 60 knots / 75 – 110kph  Over 60 knots / 110kph

Serial Number

Have there been any modifications to the P.W.C including motor?  Yes  No

If yes, please provide details

## The trailer

Does your P.W.C. have a trailer?  Yes  No

Year	Make & Model	Number plate
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Equipment & Accessories

Item	Value
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>

## Vessel Storage

Method of Storage	Post Code	Location (Marina / Address)
<input type="checkbox"/> TRAILER – Garage / Shed <input type="checkbox"/> TRAILER – Carport <input type="checkbox"/> TRAILER – Roadside / Other <input type="checkbox"/> HARDSTAND / RACK <input type="checkbox"/> PRIVATE JETTY <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>	<input type="text"/>

Do you intend to take the craft more than 5nm from land?  Yes  No

## What will the P.W.C. be used for?

Choose as many as applicable:

- |  |   |
|--|---|
| <input type="checkbox"/> Private use   | <input type="checkbox"/> Timeshare arrangement / syndicate / equity |
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Hire                                       |
| <input type="checkbox"/> Rescue        | <input type="checkbox"/> Commercial work                            |
| <input type="checkbox"/> Other         |   |

If other, please specify

## Owner's & Rider's Experience

Date this P.W.C. was purchased

Please provide details of previously mastered vessels. Leave blank if none.

Skipper / Riders Name	Make & Model	Hull length	Type	Length of ownership	Area of navigation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P.W.C. <input type="checkbox"/> Power boat <input type="checkbox"/> Sail boat	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P.W.C. <input type="checkbox"/> Power boat <input type="checkbox"/> Sail boat	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> P.W.C. <input type="checkbox"/> Power boat <input type="checkbox"/> Sail boat	<input type="text"/>	<input type="text"/>

Please provide details of relevant licences and qualifications.

Skipper Name	Marine Licence / qualifications	Date obtained
		/ /
		/ /
		/ /
		/ /

### Sum Insured

Purchase price

Purchase date

If the total amount paid for everything is different from the value nominated, please explain why.

How much would you like to insured the P.W.C including it's motor, Trailer and Equipment & Accessories for?

### Do you wish to tell Us anything else?

## Important Notices

### Binder Agreement

Coast Insurance Pty Ltd (ABN 44 108 154 829, AFSL 268726) ('Coast') distributes the product under a binding authority as agent for the Insurer. The Policy is underwritten by HDI Global Specialty SE – Australia (ABN 58 129 395 544, AFSL 458776) ('HDI Global Specialty') (proportion 100%). HDI Global Specialty are referred to as 'We, Us, Our, the Insurer(s)' in the Policy.

### Duty to take reasonable care not to make a Misrepresentation

#### **Duty to take reasonable care not to make a Misrepresentation (for Section 1: Loss of or damage to your vessel and Section 3: Personal accident of the Policy only)**

##### **When applying for this Policy**

You must take reasonable care not to make a misrepresentation to Us. This responsibility applies until We issue You with a Policy for the first time or agree to renew, extend, vary/change, or reinstate Your Policy.

You must answer Our questions honestly, accurately and to the best of Your knowledge. A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not a misrepresentation if You do not answer a question or if Your answer is obviously incomplete or irrelevant to the question asked.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the policy. If You are answering questions on behalf of anyone, We will treat Your answers or representations as theirs.

Whether or not You have taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether You are represented by a broker, Your particular characteristics and circumstances We are aware of.

**If You do not meet the above Duty,** We may reject or not fully pay Your claim and/or cancel Your Policy. If the misrepresentation was deliberate or reckless, this is an act of fraud, and We may treat Your Policy as if it never existed.

##### **When you renew Your Policy**

You must take reasonable care not to make a misrepresentation to Us. This responsibility applies until We renew Your Policy so if anything changes prior to the renewal date of Your Policy You need to tell Us.

You must answer any of Our additional questions honestly, accurately and to the best of Your knowledge. Also, you must review Your responses to previous questions, replayed in the Renewal Invitation document, and advise Us immediately if any information is inaccurate or has changed. Amendments may impact the terms of this renewal offer.

A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not misrepresentation if You do not answer a question or Your answer is obviously not complete or is irrelevant to the question asked.



The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the Policy. If You are answering questions on behalf of anyone, We will treat Your answers or representations as theirs.

Whether or not You have taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether You are represented by a broker, Your particular characteristics and circumstances We are aware of.

If You do not meet the above Duty, We may reject or not fully pay Your claim and/or cancel Your Policy. If the misrepresentation was deliberate or reckless, this is an act of fraud, and We may treat Your Policy as if it never existed.

If Our information or questions are unclear, You can contact Us or via Your broker on (08) 6374 7000 or visit [www.coastins.com.au](http://www.coastins.com.au).

### **Your Duty of Disclosure – For Section 2: Legal Liability of this Policy**

Under the Insurance Contracts Act 1984 (the Act), You have a Duty of Disclosure. The Act requires that before a policy is entered into, You must give Us certain information We need to decide whether to insure You and anyone else to be Insured under the Policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

#### **New business**

Where You are entering into this Policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) You must tell Us everything You know and that a reasonable person in the circumstances could be expected to tell Us, in answer to the specific questions We ask. When answering Our questions You must be honest.

You have this duty until We agree to insure You

#### **Who needs to tell Us**

It is important that You understand You are answering Our questions in this way for Yourself and anyone else whom You want to be covered by the Policy.

#### **If You do not tell Us**

If You do not answer Our questions in this way, We may reduce or refuse to pay a claim, or cancel the Policy. If Your non-disclosure is fraudulent, We may refuse to pay a claim and treat the Policy as if it never existed.

#### **Renewals, variations, extensions and reinstatements**

Once Your Policy is entered into and is no longer new business then Your duty to Us changes. You are required before You renew, vary, extend or reinstate Your Policy, to tell Us everything You know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to Our decision whether to insure You, and anyone else to be Insured under the Policy, and if so, on what terms.

You have this duty until We agree to renew Your Policy.

## You do not have to tell Us about any matter

- that diminishes the risk
- that is of common knowledge
- that We know or should know in the ordinary course of Our business as an insurer, or
- which We indicate We do not want to know.

## If You do not tell Us

If You do not comply with Your Duty of Disclosure We may reduce or refuse to pay a claim or cancel Your Policy. If Your non-disclosure is fraudulent We may treat this Policy as never having existed.

## Privacy Statement

In this Privacy Statement the use of “We”, “Us” and “Our” means the Insurer and Coast unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries such as the Europe.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access HDI Global Specialty's Privacy Policy and Privacy Statement at [www.hdi-specialty.com/int/en/legals/privacy](http://www.hdi-specialty.com/int/en/legals/privacy), and Coast's Privacy Policy at [www.coastins.com.au](http://www.coastins.com.au)

Print Name of Insured

Signature of Insured

Date