



PROPOSAL FORM FOR MARINE PLEASURE CRAFT

IMPORTANT: PLEASE ANSWER ALL QUESTIONS (BLOCK CAPITAL)

SECTION 1 – PROPOSER DETAILS

(a) Full Name of Proposer

(b) Full Postal address

(c) Contact Details

(Tel):

(Mobile):

(Email):

(Fax):

(Web):

(d) ID No

PROPOSAL DETAILS

1. Name of Craft		Registration No		Type		Year Built	
2. Cruising range to be covered							
3. Where is craft laid up							
4. Period of Insurance							
(a) In Commission	(From)					(To)	
(b) Laid Up	(From)					(To)	

SECTION 2

1. Limit of indemnity any one accident

(a) Third party other than passengers	(Rs.)	
(b) Per passenger	(Rs.)	
(c) Number of Passengers		

2.

Sum Insured	
Detailed Description	Value in Rs.
Hull, engine and equipment	
Outboard motors	
Dingy	
Special equipment	
Trailer	
Total Sum Insured	

SECTION 3

1. State purpose for which craft will be used																															
2. (a) What crew is carried?																															
(b) Are any of them experienced?																															
3. (a) Where is the craft moored when in commission?																															
(b) Will craft be removed from water when laid up ? (If in water or mud please give full details of moorings)		Yes <input type="checkbox"/>	No <input type="checkbox"/>																												
(c) While laid up, who is responsible for her safe custody ?																															
4. What accidents have happened during past 5 years in connection with craft owned by you or under your control ?																															
5. (a) Are you at present insured,		Yes <input type="checkbox"/>	No <input type="checkbox"/> or																												
(b) have you ever proposed for insurance in respect of your craft ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>																												
If yes please indicate : Name of the Insurance Company:																															
6. Has any proposal or renewal ever been:																															
(a) declined		Yes <input type="checkbox"/>	No <input type="checkbox"/> or																												
(b) withdraw		Yes <input type="checkbox"/>	No <input type="checkbox"/> or																												
(c) subjected to increased rate		Yes <input type="checkbox"/>	No <input type="checkbox"/>																												
7. How long have you owned this craft and what price was paid by you for the same ?																															
8. (a) Give information as to present condition of craft																															
(b) Date last overhauled		(c) By whom overhauled																													
9. Do you allow other to navigate the craft in your absence ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>																												
State full particulars of your experience in handling craft.																															
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I warrant that the above statements are true, and I have not withheld or concealed anything accenting the proposed insurance, and I agree that this proposal and declaration shall be the basis of the contact between me and the company. I also agree to accept the company's policy applicable to the insurance.

I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <https://peoplesinsurance.lk/privacy-policy/>

I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.

.....
Date

.....
Signature
