



TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

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MARINE HULL PROPOSAL FORM – ANNUAL POLICY

SECTION 1 – DETAILS OF VESSEL											
Vessel's Name:				Previous Name:							
Home Port:				Port Registration No:							
Builder:											
Where Built:											
Does the vessel hold a current SAMS / DOT Survey Certificate? (Operating a vessel without a current survey certificate may invalidate your policy.)						YES		NO		N/A	
HULL DETAILS											
Year Built:				Material: (e.g. Steel, Aluminum, GRP, Timber)							
Length:				Beam:				Draft:			
Gross Tonnage:				Nett Tonnage:							
Propeller Type: (e.g. Fixed-pitch, Variable pitch, Nozzle)											
Sterngear Type:				Maximum Designed Speed:							
MACHINERY DETAILS:											
Main Engine Make:											
Model:				Year Built:							
Horse Power:				RPM:							
If reconditioned, reconditioned by:											
Year Reconditioned:											
Date of Last Overhaul:								By:			
Details of any warranties currently in force:											
Gearbox Make:								Age:			
Age and Type of Auxiliary Engine(s):											
Age and Type of Winch:											
Details of any major refit / overhaul on Hull over last 5 years:											
Date:				Approximate Cost:							
Details:											
Details of any major refit / overhaul on Machinery over last 5 years:											
Date:				Approximate Cost:							
Details:											

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SECTION 2 – DETAILS OF OPERATION

Port of Operation:	
Area of Operation:	
Approximate period vessel is laid up each year:	
Where is the vessel kept when out of commission?	
Type(s) of fishing:	
Total number of crew:	
Crew consisting of:	

Please Note: We must be advised if the vessel is used at any time for operations other than fishing, or if the fishing method changes.

SECTION 3 – DETAILS OF OWNERSHIP

Owner name: (if joint ownership, names of all owners)			
Physical address:			
			Postal Code:
Telephone No:		E-mail:	
Company Registration No:		Date Registered:	
Does your annual turnover exceed R2 Million?	YES		NO
Is the vessel subject to a Mortgage / Grant arrangement? If so,			
Name of Mortgagee:			
Address:			
			Postal Code:
Telephone No:		E-mail:	
Amount Outstanding:		Term:	Years:
Or			
Name of Grantor:			
Address:			
			Postal Code:
Telephone No:		E-mail:	
Amount Outstanding:		Term:	Years:
Other interested parties:			
Date of Purchase:		Price Paid:	(excl VAT)
Are you registered for VAT?	YES		NO
If YES, VAT Registration No:			
Estimated Value of Fishing Licence:			



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SECTION 3 – DETAILS OF OWNERSHIP CONT.

How long have you owned fishing vessels?				years
Give details (vessel names, size, type, etc.)				
Details of previous losses:	Year	Details	Amount	
ALL OWNERS: Give details of all accidents / losses (whether an insurance claim or not) on any vessels under your control or ownership in the last 3 (three) years:				
Have you ever been involved in any major damages or Total Losses on any vessel in which you have or have had a financial interest, or which was under your control? If YES, give details, date, costs and name of vessel(s) involved:	YES		NO	
Was the incident the subject of a SAMSA / DOT enquiry? If YES, give details and outcome:	YES		NO	
Was the incident the subject of an insurance claim? If YES, give the name of the insurer and the outcome of the claim:	YES		NO	
Previous Insurance Record. In respect of this, or any other vessel owned or operated by you, has any Insurer				
(a) Declined cover?	YES		NO	
(b) Cancelled or declined to renew cover?	YES		NO	
(c) Imposed loadings, restricted terms or additional premiums?	YES		NO	
If YES, give full details:				
Other Information Have you or any person involved in the ownership of this vessel ever been charged with or convicted for any offence involving dishonesty of any kind, e.g. fraud, arson, robbery, smuggling, theft, handling of stolen goods, etc.? If YES, give full details:	YES		NO	



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SECTION 4 – DETAILS OF MAIN SKIPPER

Name of main skipper:		Date of birth:	
Address:		Postal Code:	
Telephone No:			
NB – A skipper questionnaire must be completed by all other persons who will command the proposed vessel. We must be advised of any change of skipper.			
Does the skipper have a financial interest in the proposed vessel?		YES	NO
If YES, extent of interest (e.g. part-owner)			
Certificates / qualifications held:			
Total years fishing experience:			
Length of service with proposed vessel:			
How long has the skipper commanded fishing vessels?		years	
Give vessel details (name, size, type, etc.)			
Knowledge of waters to be sailed:		years	
Other relevant experience:			
Details of previous losses:	Year	Details	Amount
	20__		
	20__		
	20__		
Give details of all accidents / losses (whether an insurance claim or not) on any vessel under your control or ownership in the last 3 (three) years:			
Have you ever been involved in any major damages or Total Losses on any vessel in which you have or have had a financial interest, or which was under your control?		YES	NO
If YES, give details, date, costs and name of vessel(s) involved:			
Was the incident the subject of a SAMSA / DOT enquiry?		YES	NO
If YES, give details and outcome:			
Was the incident the subject of an insurance claim?		YES	NO
If YES, give the name of the insurer and the outcome of the claim:			



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SECTION 4 – DETAILS OF MAIN SKIPPER CONTINUED

Previous Insurance Record.

In respect of this, or any other vessel owned or operated by you, has any Insurer

(a) Declined cover?	YES		NO	
(b) Cancelled or declined to renew cover?	YES		NO	
(c) Imposed loadings, restricted terms or additional premiums?	YES		NO	

If YES, give full details:

Other Information

Have you or any person involved in the ownership of this vessel ever been charged with or convicted for any offence involving dishonesty of any kind, e.g. fraud, arson, robbery, smuggling, theft, handling of stolen goods, etc.?

If YES, give full details:

YES		NO	

SECTION 5 – VALUES TO BE INSURED

All values exclude VAT

(A)	Hull, Machinery and Equipment	R
(B)	Increased Value	R
(C)	Fishing Gear, total value both on board and ashore (if to be separately insured)	R
(D)	Special equipment fitted, detailed valued list required	R
(E)	Electronic equipment, detailed valued list required	R
Total Sum Insured:		R

If the requested information (C), (D) or (E) is not provided, cover will be restricted to total loss following actual total loss of the vessel. If space below is insufficient, please supply information on a separate sheet.

If the Sum Insured requested is higher than the purchase price, please advise reason:

Alternative terms (e.g. Limited Machinery Cover, Higher Excesses, Total Loss & Third Party etc.)

(F) Dinghy / tender (used only in conjunction with proposed vessel)

Dinghy Age:		Outboard Make:	
Built by:		Model year and serial number:	
Length:		Horsepower:	
Construction material:		Value:	

Alternative terms (e.g. Limited Machinery Cover, Higher Excesses, Total Loss & Third Party, etc.)



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SECTION 6 – COVER REQUESTED

Please indicate type of cover requested:

(a)	Fishing Vessel Clauses	
(b)	Time Clauses - Hulls	
(c)	Time Clauses - Hulls - Port Risks	
(d)	Increased Value	
(e)	War & Strikes	

Is Cover requested above

To Include Machinery Breakdown?	YES		NO	
For Total Loss Only?	YES		NO	
To Include Collision and P&I Liabilities?	YES		NO	

Please select premium payment method required:

Annually		Half-yearly		Quarterly	
Cheque		Bankers Order		Direct Debit	

Please advise any other requirements:

SECTION 7 – DECLARATION / CONSENT

DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

GENERAL POPI CONSENT CLAUSE

By providing the information on your proposal/ request for insurance, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a quote be issued and accepted following the completion of this proposal form,

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

Signing this form does not bind the Proposer or Insurer to complete the business, but it is agreed that the Proposer and Skippers Questionnaire(s) (where applicable) shall be the basis of the Insurance Contract entered into with the Company.

Signed:	
Status (e.g. Owner):	
Date:	



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Please enclose with this Proposal a recent Survey and Valuation Report, Photographs, Skippers Questionnaire(s) (where applicable) and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk.

Broker:

Contact:

Telephone No:

Email Address:

Fax No:

Thank you for taking the time to complete this proposal form.