

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, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: info@trimarine.co.za**MARINE HULL PROPOSAL FORM – ANNUAL POLICY**

SECTION A – DETAILS OF VESSEL											
Vessel's Name:											
Previous Name:											
Port Registration No:											
Home Port:											
Builder:											
Where Built:											
Does the vessel hold a current SAMSA / DOT Survey Certificate?					Yes		<input type="checkbox"/>		No		<input type="checkbox"/>
(NB: Operating a vessel without a current survey certificate may invalidate your policy.)											
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)											
Stern gear Type:				Maximum Designed Speed:							
MACHINERY DETAILS:											
Main Engine Make:											
Model:				Year Built:							
Horsepower:				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 B – 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 C – 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		<input type="checkbox"/>		No		<input type="checkbox"/>	
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		<input type="checkbox"/>		No		<input type="checkbox"/>	
If YES, VAT Registration No:											
Estimated Value of Fishing Licence:											

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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?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, give details, date, costs and name of vessel(s) involved:					
Was the incident the subject of a SAMSA / DOT enquiry?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, give details and outcome:					
Was the incident the subject of an insurance claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, give the name of the insurer and the outcome of the claim:					
Previous Insurance Record. (In respect of this, or any other vessel owned or operated by you, has any Insurer)					
(a) Declined cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(b) Cancelled or declined to renew cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(c) Imposed loadings, restricted terms or additional premiums?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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 of any offence involving dishonesty of any kind, e.g., fraud, arson, robbery, smuggling, theft, handling of stolen goods, etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, give full details:					

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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	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, extent of interest (e.g., part-owner)						
Certificates / qualifications held:						
Total years of 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__		
	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	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, give details, date, costs and name of vessel(s) involved:			

Was the incident the subject of a SAMSA / DOT enquiry?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, give details and outcome:			

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Was the incident the subject of an insurance claim?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, give the name of the insurer and the outcome of the claim:					
Previous Insurance Record. In respect of this, or any other vessel owned or operated by you, has any Insurer					
(a) Declined cover?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) Cancelled or declined to renew cover?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) Imposed loadings, restricted terms or additional premiums?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, give full details:					
Other Information		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you or any person involved in the ownership of this vessel ever been charged with or convicted of any offence involving dishonesty of any kind, e.g. fraud, arson, robbery, smuggling, theft, handling of stolen goods, etc.?					
If YES, give full details:					
Current Insurance Broker:					
SECTION E – 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:			

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Construction material:		Value:				
Alternative terms (e.g. Limited Machinery Cover, Higher Excesses, Total Loss & Third Party, etc.)						
(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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
For Total Loss Only?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
To Include Collision and P&I Liabilities?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please select premium payment method required:						
Annually		<input type="checkbox"/>	Monthly		<input type="checkbox"/>	
EFT		<input type="checkbox"/>	Debit Order		<input type="checkbox"/>	
Please advise of any other requirements:						
SECTION F: DECLARATION AND CONSENT						
DECLARATION						
<p>I/We declare that the information and answers given in this form are true to the best of my/our knowledge and belief and that I/We have not mis-stated or suppressed any material facts that might influence the assessment of the risk. I/We also understand that the completion of this form does not bind insurers or mean I/We will accept this insurance but, if terms are agreed, it will form part of the contract.</p>						
GENERAL POPI CONSENT CLAUSE						
<p>By submitting this proposal, I/We consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA.</p>						
<p>I/We consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection.</p>						
<p>I/We understand that I/We may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations.</p>						
<p>Where direct marketing is applicable, I/We understand it will only be sent if I/We provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.</p>						
NAME OF SIGNATORY:						
SIGNATURE:			DATE:			

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