

# Al-Buhaira National Insurance Company

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## PLEASURE CRAFT PROPOSAL FORM

|  |  |  |  |   |  |  |   |                  |  |
|--|--|--|--|---|--|--|---|------------------|--|
| <i>Name &amp; Address of the Owner</i> | <i>Tel:</i>  |  |  | <i>Fax:</i>                                 |  |  | <i>E-mail:</i>                            |                  |  |
| <i>Occupation</i>                      |  |  |  |   |  |  |   |                  |  |
| <i>Name of Yacht &amp; Ex-Name</i>     | <i>Ex-Name:</i>  |  |  |   |  |  |   |                  |  |
| <i>Make / Model / Specification</i>    |  |  |  |   |  |  |   |                  |  |
| <i>Year of Built</i>                   | <i>Manufacturer's Name</i>   |  |  |   |  |  |   |                  |  |
|  |  |  |  |   |  |  |   |                  |  |
| <i>Construction Material</i>           | <input type="checkbox"/> <i>Fiberglass/GRP</i>   |  | <input type="checkbox"/> <i>Wood</i>         |   | <input type="checkbox"/> <i>Steel</i>                  |  | <input type="checkbox"/> <i>Other</i>     |                  |  |
| <i>Period of Insurance</i>             | <i>From:</i>   |  |  |   | <i>To:</i>   |  |   |                  |  |
| <i>Engine Type &amp; Horse Power</i>   | <i>Type</i>  |  | <i>HP</i>                                    |   | <input type="checkbox"/> <i>Inboard</i>                |  | <input type="checkbox"/> <i>Outboard</i>  |                  |  |
|  |  |  |  |   |  |  |   |                  |  |
| <i>Maximum Speed</i>                   |  |  |  |   |  |  |   |                  |  |
| <i>Dimensions</i>                      | <i>Length</i>  |  | <i>Breadth</i>                               |   | <i>Depth</i>   |  | <i>GRT</i>                                |                  |  |
|  |  |  |  |   |  |  |   |                  |  |
| <i>Port of Registration</i>            |  |  |  |   | <i>Reg. No.:</i>                                       |  |   | <i>Validity:</i> |  |
|  |  |  |  |   |  |  |   |                  |  |
| <i>Value of Yacht</i>                  | <i>Hull</i>  |  | <i>Engines</i>                               |   | <i>Others</i>  |  | <i>Total</i>                              |                  |  |
|  |  |  |  |   |  |  |   |                  |  |
| <i>Third Party Liability</i>           | <input type="checkbox"/> <i>Upto Hull Value</i>  |  |  |   |  |  |   |                  |  |
|  | <i>AED Any one occurrence or in aggregate</i>  |  |  |   |  |  |   |                  |  |
| <i>Passenger Liability</i>             | <i>No. of Passengers</i>   |  |  | <i>Limit per passenger</i>                  |  |  | <i>Limit in aggregate</i>                 |                  |  |
|  |  |  |  | <i>AED</i>                                  |  |  | <i>AED</i>                                |                  |  |
| <i>Personal Effects</i>                | <i>Maximum Value:</i>  |  |  |   | <i>Deductible</i>                                      |  |   |                  |  |
| <i>Purpose of Use</i>                  | <input type="checkbox"/> <i>Private</i>  |  |  |   | <input type="checkbox"/> <i>Others Please Specify:</i> |  |   |                  |  |
| <i>Trading Area</i>                    | <input type="checkbox"/> <i>UAE Waters</i>   |  | <input type="checkbox"/> <i>Arabian Gulf</i> |   | <input type="checkbox"/> <i>Gulf of Oman</i>           |  | <input type="checkbox"/> <i>Others</i>    |                  |  |
| <i>Details of Safety Equipments</i>    | <input type="checkbox"/> <i>Fire Extinguishers</i>                                       |  |  | <input type="checkbox"/> <i>Life Saving</i> |  |  | <input type="checkbox"/> <i>Radar Aid</i> |                  |  |
| <i>Date of Last Survey</i>             | <i>Major Work Carried Out:</i> _____   |  |  |   | <i>Name of Surveyor:</i>                               |  |   |                  |  |
|  | <i>Any Survey</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> |  |  |   |  |  |   |                  |  |
| <i>Previous Insurance Co.</i>          |  |  |  |   |  |  |   |                  |  |
| <i>Place of Mooring</i>                | <input type="checkbox"/> <i>Ashore</i>   |  |  |   | <input type="checkbox"/> <i>Afloat</i>                 |  |   |                  |  |
| <i>Type of Cover Required</i>          | <input type="checkbox"/> <i>Institute Yacht CL. 328</i>                                  |  |  |   |  |  |   |                  |  |
| <i>Loss Record for 5 Years</i>         |  |  |  |   |  |  |   |                  |  |
| <i>Any Further Details</i>             |  |  |  |   |  |  |   |                  |  |

It is the duty of the proposers and their agents to disclose all materials facts to the Underwriters before the contract of insurance is concluded and any failure to do so entitles the Underwriters to avoid the contract. Answering the above questions alone does not relieve the proposers and their agents of this duty and it is essential that the materials facts which are not specifically asked for the above disclosed to Underwriters in addition. We hereby certify that the information given is correct.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_  
Signature & Co. Stamp