

# BOAT OWNERS INSURANCE PROPOSAL

(DO NOT LEAVE ANY ANSWERS BLANK - FULL IN "NIL" OR "N/A")

---

## PROPOSER DETAILS

Name of Proposer (in full)..... Social Security No. ....  
BLOCK LETTERS PLEASE

Postal Address .....

Physical Resident Address .....

Contact No. (H)..... (O) ..... Cell ..... Fax ..... Email .....

Name of Employer (in full).....

**Type of Business Entity:** Company  Partnership  Sole Proprietorship  Charitable Equity   
Other (Please specify)  .....

Profession or Occupation ..... Date & Place of Birth .....  
Day/Month/Year

### Type of Business Sector:

- |                                  |                          |                                    |                          |
|----------------------------------|--------------------------|------------------------------------|--------------------------|
| Private Sector Service           | <input type="checkbox"/> | Professional (attorney/accountant) | <input type="checkbox"/> |
| Public Sector/Government Service | <input type="checkbox"/> | Real Estate                        | <input type="checkbox"/> |
| Financial Services               | <input type="checkbox"/> | Broker Retail/Distribution         | <input type="checkbox"/> |
| Medical (dentist/doctor)         | <input type="checkbox"/> | Transport/Travel                   | <input type="checkbox"/> |
| Construction                     | <input type="checkbox"/> | Other (please specify) .....       |                          |

Nationality ..... Dual Citizenship? Yes  No  If YES, please state .....

Do you have any other Insurance Policy with this company? Yes  No  If YES please provide details  
.....

---

## PARTICULARS OF VESSEL TO BE INSURED

Name of Vessel .....	Type.....	Date Purchased .....
Tonnage (T.M.).....	Price Paid.....	
When built .....	Present value. Hull, Machinery, Equipment, etc. \$.....	
Builder's name .....	Dinghy and/or Boats \$.....	
Length O.A. .... L.W.L. ....	Outboard motor \$.....	
Beam ..... Draft.....	Personal Effects \$.....	
Material of hull ..... I.D. Number .....	Trailer (if required) \$.....	
Sail area.....	TOTAL TO BE INSURED- \$.....	

---

Have any changes or modifications been made to the Hull, other than any by the manufacturer since date built? If so, Please State Changes.

---

How long have you been accustomed to handling this type of craft?

---

Will the vessel be used for private/pleasure purposes only? .....

If not, state fully the purposes for which it will be used .....

---

What cruising range is to be covered?

---

What professional crew is carried?

What is the maximum number of passengers permitted, excluding crew, for the vessel?.....	THIRD PARTY INDEMNITY in excess of the value, if so, for what amount? \$ .....
Do you wish to cover outboard motor against dropping off and falling overboard?..... .....	Make of Engine(s) ..... Serial Nos. .... Date of each ..... Purchase Price .....
Do you require an excess beyond the amount stated in the policy; if so, for what amount? \$ .....	State if Marine engine ..... Conversion ..... Outboard .....
Do you wish to include liability to and of what skier(s)? If so, for what amount? Up Bz\$20,000 Bz\$50,000	Designed maximum speed..... Fuel used for main and auxiliary machinery..... Is Calor or other bottled gas used?..... If so, state material of delivery tubing..... What fire extinguishers are kept on board.....

State period for which the vessel is to be insured (a) in commission (a) .....months from..... to.....  
(b) laid up (b) .....months from..... to.....

- (a) Where is the vessel moored when in commission? .....
- (b) Where will she be laid up? .....
- (c) Will the vessel be laid up (i) Ashore? (ii) In mud berth? .....
- (iii) Afloat?.....
- (d) What is the prearranged plan for windstorms/hurricane warnings?.....

Have you had any accidents/claims/losses in connection with any vessel under your control/you have sailed/owned in the last 5 years. If yes, give data including dates and amounts paid or lost.

Have you ever had an insurance for any vessel?

- (a) Declined?
- (b) Cancelled?
- (c) Renewed only at an increased rate?

If so, please state the name of the company and reasons.....

- (a).....
- (b).....
- (c).....

Please state your previous insurance company.....

Lienholder if any..... Amount of Lein \$.....

I/we hereby declare that the above particulars and answers are correct and complete in every aspect and that I/we have not withheld any information, which might influence the decision of the Underwriters in regards to the proposal. I/we agree that this proposal and declaration shall form the basis of the contract of Insurance between me/us and the Underwriter, if a policy is issued.

(The signing of this form does not bind the Proposer(s) to complete the Insurance.)

Signed..... Date .....

FOR OFFICE USE ONLY


**BOAT OWNERS  
INSURANCE**



RF&G INSURANCE COMPANY LIMITED

*Gordon House*

One Coney Drive | P.O. Box 661 | Belize City, Belize  
Ph#: 501-223-5734 | Fax#: 501-223-6734 | [www.rfginsurancebelize.com](http://www.rfginsurancebelize.com)

 A Roe Group Company

### THIRD PARTY LIABILITY COVERAGE

**RF&G** provides coverage for any sum or sums which you become legally liable to pay and shall pay as a result of ownership or operation of the scheduled vessel.

**RF&G** will settle or defend as deemed appropriate any claims or suits brought against you, using attorneys of our choice. Our obligation to settle or defend all third party liability claims under this insuring agreement ends when the amount we pay for damages, legal expenses and removal of wreck equals the sum insured under the section of the insuring agreement.

Subject to Belize Jurisdiction.

### TERMS AND CONDITIONS:

*As per institute yacht clauses.*

**Territorial Limits:** - Coastal Waters of Belize.

Third party limit of liability up to the value of the vessel with engines or amount agreed, any one accident or occurrence.

**Theft Cover:** Subject to the vessel/s insured being situated on a trailer or mechanical lift or in a securely locked boathouse or in a commercial marina.

Subject to a Deductible agreed each and every loss.

Subject to a qualified skipper at controls.

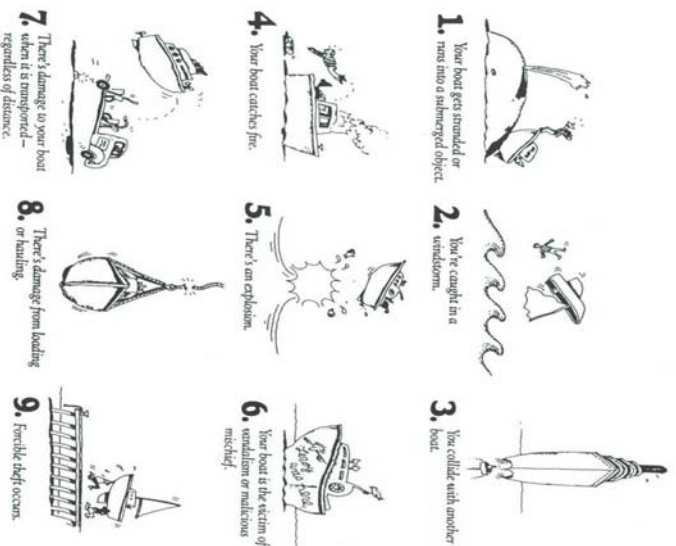
Subject to suitable working fire extinguisher on board vessel.

Excluding sinking of vessel with extended transom caused by inspection device.

Subject otherwise to normal policy terms, clauses, conditions and endorsements.



## BOAT OWNERS INSURANCE



**PROTECTS your vessel against disasters of Standing, Windstorm, Collision, Fire, Explosion, Sinking, Transportation, Hauling, Theft .....And More.**

### NOTE:

The schedule vessel shall be valued at the agreed valuation shown on the declaration page or on any endorsement there to issued by us. However the following items are subject to payment on the basis of depreciated cash value less the applicable deductible. Depreciated cash value means replacement cost less the annual percentage factor of depreciation shown as follows:

- A) Internal and/or external paints, finishes, gel coat or other covering – 10% per annum
- B) Bottom paint including but not limited to anti-foul or barrier coat finishes – 50% per annum
- C) Sails, standing and running rigging-12.5% per annum
- D) Internal and/or external protective covers, canvas, vinyl and other materials-20% per annum
- E) Internal and/or external upholstery, fabrics, wall coverings, carpets and rugs – 10% per annum
- F) Machinery including but not limited to engines, generators, water makers and waste systems-7% per annum
- G) Outboard Motors-20% per annum
- H) Out drives, propellers, shafts, rudders, struts, couplings, trim tabs, stabilizers-20% per annum
- I) Batteries and solar charging panels-20% per annum
- J) Electrical equipment including but not limited to internal and external appliances, winches, pump motors and electric deck gear – 10% per annum
- K) Mast and spars-5% per annum
- L) Stanchions and lifelines – 10% per annum
- M) Inflatable, tenders or dinghies-12.5% per annum
- N) Hard FRP, composites, aluminum or wood tenders or dinghies – 10% per annum