Bahamas FIRST

Marine Proposal Form

This proposal form must be completed by a duly authorized Company Representative.

Contact Details

Company Name:	
Mailing Address:	
Contact Name:	
Tel No	
Email Address:	
Company Website:	

Vessel Details

What is the use of the vessel?	
Average amount of trips?	
Annual amount of passengers?	
Annual turnover?	
Do you have a Captain's License? If yes, provide details.	
Captain/Crew Experience	
Port Registration No.	
Port License No.	
Do you have a survey for this vessel? If yes, specify date.	
Do you have a hurricane plan for this vessel? If yes, specify date.	
Cruising Limits	

Vessel Details

Loss Payee. If yes, please state the interested party.	
What coverage do you require?	
Vessel Name	
Length (Feet)	
Engine Type	
Motor Details	
Make	
Model	
Inboard or Outboard	
Horsepower	
Single or Twin Motor	
Serial Number(s) (only if outboard)	
Fuel	
Year of Manufacture	
Type of Class	
Sum Insured	
Hull Details	
Make	
Model	
Builder Name	
Hull Material	
Hull ID Number	
Max Designed Speed	

Date Last Surveyed	
Year of Manufacture	
Date purchased	
Price Paid	
Sum Insured:	
Special Equipment Do you require cover for special equipment?	
If yes, please specify the amount required.	
Medical Expenses Do you require medical expenses cover?	
If yes, state the limit for medical expenses.	
Personal Effects Do you require personal effects cover?	
If yes, enter the amount for personal effects.	
Do you require Personal Accident Cover?	
Total Sum Insured	
Deductible:	
Main Vessel Deductible	
Cat Perils Deductible	
Other Deductible	

Dinghy/Tender & Trailers

Do you have a Dinghy/Tender?	
Dinghy/Tender Details	
Type	
Construction Material	
Length (Feet)	
Outboard Make	
Outboard Serial Number	
Outboard Serial Number	
Year of Manufacture	
Value	
Deductible	
Total Sum Insured	
Do you require cover for a trailer?	
Trailers	
Description	
Serial Number	
Value	
Deductible	
Total Sum Insured	

Personal Accident

What type of cover do you require?	
Please indicate the amount you wish to insure for compensation.	
Please state the following:	
Date of Birth	
Height	
Weight	

Personal Accident

Is your weight increasing, decreasing or stationary?	
Give details of all serious injuries or past illnesses	
Are you in good health and free from any ailment, physical defect or infirmity? If no, please give details.	

If you own or regularly travel in a car please state the following:

Name	
Occupation	
Wages/Annual Salary	
Death	
Loss of Limbs or Sight	
Temporary Disablement	
Temporary Partial Disablement	
Permanent Total Disablement	
Total Sum Insured	
Do you require cover for:	
Hunting	
Horseracing	
Racing of any kind (other than on foot)	
Football	
Polo	
Motor cycling	
Mountaineering with guides and ropes	
Winter Sports	
Diving/Snorkeling	
Potholes/Digging	
Other	

Personal Accident

Has any Insurer ever:

Declined a Life, Accident, or Illness proposal from you? If yes, please give details.	
Is this insurance in addition to any Accident or Illness policy? If yes, please give details on other policies.	
Have you ever claimed or received compensation under any Accident or Sickness policy? If yes, please provide details.	
Deductible	

Options

Do you require additional cover for?

Increase Third party Liability? If yes, state override limit.	
Liability of water skiers operating form your vessel?	
Liability to water skiers operating form your vessel?	
Vessel damage in transit on land?	
Extended medical payments? If yes, state limit.	

Do you want to attach any of these clauses?

Multihulls Clause	
Drawn Ashore Clause	
Inflatable Rubber Craft Clause	

Your Insurance History

Reason for Policy?	
Any other Policies with Cayman First/Bahamas First? If yes, provide details.	
Have you, Directors or Partners:	
Ever been refused insurance or had special terms applied? If yes, please provide details.	
Any claims during the last 5 years? If yes, please provide details.	
Any non-motor convictions? If yes, please provide details.	
Ever been declared bankrupt? If yes, please provide details.	
Ever had a loss under a Marine policy? If yes, total number of claims made.	

Currency

Please state currency to apply to the policy	

Associated Clients

Name	Association

Cover Start Date

Please state date you wish cover to start	

Declaration

Please read this very carefully and if acceptable then sign and date below.
You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.