

PROPOSAL FORM FOR INSURANCE

WATERSPORTS OPERATORS

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SEC	TION 1 DET	TAILS OF PF	ROPOSAL										
1.	a. Name of the Proposer:												
	b. Address:												
	c. VAT No./TRN (where applicable):												
	d. Contact No	OS.: (H)		(W)	(M)			(F)					
	e. Email addr	ess:											
	f. Date of Bir	th:											
	g. Occupation	า:											
2.	a. Are you the sole owner of the craft(s)? □ Yes □ No												
	b. Name of Mortgagee:												
	c. Give detail	c. Give details of Watercraft operated:											
	Year/Type		Reg. No.	Max.	Make		II ID/	CC	Sum Insured				
				Passengers		Engi	ine No.						
	d. Where will	the vessel(s)) be kept ou	it of business	hours?								
3.	Details of any accidents or losses during the last five (5) years involving any vessel(s) owned or operated by Insured:												
4.	a. Details of A	Authorised D	river(s) and	or Operator	(s):								
	Driver/0			r 1	Driver/Operator 2		Driver/Operator 3						
	Name	ze, eperater											
	Address												
	Age												
	Experience												



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	b. Details of any accidents or losses during the last five (5) years involving any of the Drivers/Operators:											
5.	a.	a. Please select which Watersports activities are being offered:										
		☐ Waterskiing	☐ Jetskiing	□ Snorkelling	☐ Banana Boat							
		☐ Coastal Sight Seeing	☐ Others:									
	b.	In which area(s)/hotel(s) will										
6.	 a.	Period of insurance: From		То								
		Limit of Liability:										
EC	TIO	N 2 DECLARATION										
NO	TE:	SIGNING THIS PROPOSAL DO	DES NOT BIND THE PRO	OPOSER TO COMPLETE THIS	INSURANCE.							
any the	/wa Co	declare that the answers in this y to increase the Company's r impany of any alteration of my able precautions to avoid inci	isk or to influence their //our intentions regardi	decision regarding this Propo	sal. I/We undertake to advise							
		varrant that the vessel describ sis of the Contract between m			that this Declaration shall form							
Pro	pos	ser Name (Please print)										
Sig	nat	ure			Date							

Rev. 12-21 www.CGUnited.com