

Pleasurecraft insurance

Additional/Change of interest

Please write in BLOCK LETTERS and tick correct answer boxes. Please remember to sign the Declaration at the end of the form.

Policy number:

This form is to be completed by the new owner(s)

1. General details

Full name of Proposer

State: Mr, Mrs, Miss

Surname

Forenames

Name of any joint owner

Occupation in full

If Company director, manager or similar please state nature of business

Age of Proposer

Full postal address

Postcode

Telephone no

Email address

2. Vessel use

Where is the vessel kept at present?

Is the vessel for sale?

If you are not using the vessel, please ignore sections 3 and 4 of this form.

3. Experience

Please give details of experience as owner/crew including types and size of vessel and cruising area.

Do you hold any helmsman's qualifications? If so please give details

4. Claims experience

Have any accidents or losses occurred in the past 5 years in connection with any vessel owned or sailed by you or your professional skipper?

Please answer

☐

Yes

☐

No

If YES please give date and amount of each accident or loss.

Date	Amount	Details
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5. General questions

Has any other insurer at any time refused to insure you, imposed special terms or requested extra precautions?

☐

Yes

☐

No

If YES, please attach a note giving full details.

If the policy is in a company name are there any other material facts you should disclose?

☐

Yes

☐

No

If YES, please attach a note giving full details.

Have you or any person having an interest in the vessel ever been convicted of arson, or of any offence involving dishonesty of any kind such as smuggling, fraud, robbery, theft or handling stolen goods?

☐

Yes

☐

No

If YES, please attach a note giving full details.

Important notice

(Signing this form does not bind you to complete the insurance)

In selecting insurance for your craft, you have chosen a level of cover from a range of Navigators & General products in accordance with your requirements. Whilst making this decision, you have not received a personal recommendation from Zurich Insurance Company Ltd. Your cover is shown on your schedule.

Data protection statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Declaration

I declare that to the best of my knowledge and belief the information given on this form is true in every respect.

I also declare that if anything on this form was written by another person he or she acted as my agent for this purpose.

Signature of Proposer(s)

Signed

Date

The Company reserves the right to decline any proposal.

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