## Pleasurecraft / Boat





Sunshine Coast Phone 1800 072 114

North & Central Queensland Phone 1800 629 701

Date: \_\_ www.steelpacific.com.au Brokers please note: this form should be discussed with your client as a Fact Finder and then reviewed by yourself when providing this information to an Insurer to ensure coverage and sums insured are appropriate. Download and Save this file to your computer before completing. This file is an interactive PDF and will let you type data into the form and save it. Advice Required General Specific Source Internet Yellow Pages Counter Referred by: \_\_\_ **CLIENT GENERAL INFORMATION** Client Name Contact Date Client Code \_ \_ Postcode \_\_\_ Address Phone (Business) Fax Mobile Phone Email Are you willing to accept all correspondence relating to your insurance via email? No Yes If 'Yes' please confirm email details correct. Website(s) www. www. Postcode \_\_\_ Mooring Address Type of Mooring Jetty Penned Marina **Boat Use** Private Competitive Racing Hire & Charter **TYPE OF INSURANCE - DETAILS** Cover Type Market Value TPPD Agreed Value (Valuation Required) Description Name Year / Make / Model Hull Type \_ metres Length \_\_ feet Maximum Speed knots Mast / Spars / Sails \_\_ Accessories Contents / Equipment \_\_\_ \_\_ including / excluding fishing gear Boat License No \_\_ \_\_\_\_\_ Year \_\_\_\_\_ Motor Brand \_\_ Serial No. \_\_ Motor Type Inboard Outboard Mount Horse Power Fuel Type Petrol Diesel Hull \$ \_\_\_ Motor \$ \_\_\_ Purchase Price

Current Sum Insured

Trailer Details	Registration No.					VIN				
	Year					Make				
	Length					Model				
	Purchase Price \$									
Liability Limit	\$5,000	\$5,000,000 \$10,000,		0,000	,000 Other					
Boat Stored Overnight	ernight Carport Drivewa		ay	Garage		Marina				
	Other									
Cruising Limits	Inland	and coastal	waters includ	ding Tasmania	a					
	State V	Vaters up to	50 Nautical N	Miles offshore	e					
	Other									
Options				Details						
Any Waterskiing Activitie	es?	Yes	☐ No							
Boating Association member?		Yes	☐ No							
Land Transit Cover?		Yes	☐ No							
Marine Dealer Padlocked? Yes		☐ No								
Finance? Yes		Yes	☐ No							
Other Client Specific Ne	eeds or Req	uests								
SAIL BOATS ONLY										
Mast, Spars, or Sails M	ake									
Running backstays		Yes	☐ No		Carbon Ma	st		Yes	No	
Inline Spreaders 2 or m	ore	Yes	☐ No		Rod Rigged	i		Yes	No	
Sweepback Spreaders	3 or more	Yes	☐ No		Age of rig		Years			
CLAIMS HISTORY										
Date	Details					Insurer			Cost	
									\$	
									\$	
									\$	
									\$	
QUOTES OBTAINED										
Underwriter				Via			Premium		Excess	
							\$		\$	
							\$		\$	
							\$		\$	
OTHER DISCUSSION	NOTES OF	RECOMME	NDATIONS						•	
OTHER DISCUSSION	NOTES OR	RECOMME	NDATIONS							

DUTY OF DIS	CLOSURE								
In the past five	Yes	☐ No							
If 'Yes', specify	r:								
In the past (5) ye	Yes	☐ No							
If 'Yes', specify	r:								
In the past five	Yes	☐ No							
If 'Yes', specify									
Have you, or a	Yes	☐ No							
If 'Yes', specify									
Has an insuran	Yes	☐ No							
other than by y If 'Yes', specify									
BROKER ONLY SECTION									
•	tant Features	Best Interests Assessment	_	_					
	is most important to the client of importance, 1 being most important).	Will the client be better off with a new policy?	Yes	No					
	Price of the Insurance;	If 'Yes', detail why the client is better off:							
	Lower Excess;								
	The Insurer's Claim Paying Record / Service;								
	The Insurer's Credit Rating / Financial Strength;								
	Australian Insurer;								
	Other — Insert details of Other:								
Name (Print)	Signature	Date							