

Pleasure Craft Insurance Plan enrollment form

For internal use only

Agent name

Agent no.

Enquiry no.: +852 2903 9391 Fax: +852 2968 0639

Please ✓ the appropriate box and * delete where inappropriate.

Please complete in **BLOCK LETTERS**.

All fields are mandatory, if any question does not apply, please write "N/A" in the space.

1. Applicant's information

Applicant's name

Occupation

Telephone no.

Mobile phone no.

Email address

Correspondence address Flat/Room*

Floor

Block

Building

Estate name/No. & name of street/Lot no.*

District

HK/KLN/NT*

2. Particulars of vessel to be insured

Name/Type of vessel

License no./Class

Builder's name (State amateur or professional)

Year built

Material of hull

Length (Thames measurement)

Beam

Please answer the following questions:

1.

Yes

No

Is the vessel a conversion?

☐
☐

If Yes, state date of conversion and whether amateur or professional

2.

Is hire purchase involved?

☐
☐

If Yes, state whether hire purchase or mortgage, and name of company

Date vessel last overhauled out of water

Date vessel purchased

3. Sum Insured

	Price paid (HKD)	Insured value (HKD)
Hull engine & equipment		
Outboard motor		
Dinghy		
Trailer		
Special equipment i.e. items of equipment not normally carried on this type of vessel. Please list and value all items		
Total		

4. Use

Effective date of insurance (12 months coverage) From Day Month Year To Day Month Year (inclusive)

Business/Occupation ☐ Ashore ☐ Mudberth ☐ In dock ☐ Afloat

Location

From Day Month Year To Day Month Year (inclusive)

Will vessel be used for private pleasure purpose? If not, state use

If used for commercial carriage of passengers, state licensed carrying capacity

If petrol is carried on board Used below decks Stored below decks

State make number and type of fire extinguishers carried

5. Engine (complete if applicable)

Maker's name	Year made	Serial number & horsepower	Type	Fuel	Max designed speed of vessel MPH
			Inboard	Diesel	
			Outboard	Petrol	

6. Optional Extension

Do you wish the policy to be extended to cover: Yes No

1. Racing risks for mast, spars, sails and rigging? (Please state total replacement value of above items) ☐ ☐

2. Dropping off of outboard motor? ☐ ☐

3. Houseboat use, whilst laid up? ☐ ☐

4. Transit risks? ☐ At commencement & termination of "in commission period"
☐ At any time during the "in commission period"
☐ Locations between which this cover will be required

From Day Month Year To Day Month Year (inclusive)

7. Speedboats

Please complete this section for vessels with maximum designed speed in excess of 20 mph.

If any person other than the applicant will use the vessel, give details of their experience with speedboats

Do you wish to extend the policy to cover liability	To water skiers		Of water skiers	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Payment method

By cheque

Cheque no.

Bank name

Cheque made payable to "Zurich Insurance Company Ltd"

9. Declaration

I/We declare that:

1. I/We have never had an insurance on a vessel cancelled declined on renewal or renewed only at an increased rate.
2. I/We have had at least 12 months experience in handling the type of craft proposed.
3. No vessel owned or whilst used by me has been involved in any claim or accident in the last 5 years.
4. The vessel including any spars masts and running gear in good condition.
5. To the best of my/our knowledge and belief the information in this enrollment form is true and complete in every respect. I/We understand that this enrollment form and declaration will form the basis of the contract and/or plan cover between me/us and Zurich Insurance Company Ltd (the "Company").
6. I/We understand that the liability of the Company does not commence until this proposal has been accepted by the Company and the premium has been paid.
7. I/We understand that I/we shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.
8. I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our requests made in this form.
9. I/We have full and complete authority from insured employee(s) and their spouse and child(ren) (if any) who are insured members of this policy to i) disclose any personal information being requested to process the request in this form for the Company to provide insurance services pursuant to the policy, and to ii) provide and receive any information, document or communication on their behalf to and from the Company for all purposes of the policy.
10. I/We undertake to advise the Company of any alternation to the vessel or my intentions as to its use and to exercise all ordinary and reasonable precautions for the safety of the property.
11. I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.

This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.

Give details below if any part of the above declaration is incorrect

10. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd** ("Company") from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

Consent for marketing purposes – Voluntary:

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

☐ I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

Policy effective date Day Month Year

D	D	M	M	Y	Y	Y	Y
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The policy effective date is subject to the final approval by Zurich Insurance Company Ltd.

I/We confirm that all information provided by me/us in this enrollment form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this enrollment form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance.

Signature of applicant

Day	Month	Year					
D	D	M	M	Y	Y	Y	Y