**APPLICANT INFORMATION**

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| --- | --- |
| **Effective Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_ **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Client Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address:****Phone Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Association Member No: \_\_\_\_\_\_\_\_\_\_\_** |

**OPTIMIST DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sail No.** | **ISAF No.** | **Storage Address** | **Postcode** | **How Stored** |
|  |  |  |  |  |
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| **Has any insurer in respect of any insurance policy held by you, your partner** |
| **(a) Refused to renew/ cancelled or terminated a policy?** | **YES** [ ]   **NO** [ ]   |
| **(b) Refused a claim or required an increased premium under the policy?** | **YES** [ ]   **NO** [ ]   |
| **(c) Imposed special conditions under the policy?** | **YES** [ ]   **NO** [ ]   |
| **(d) Have you been convicted any criminal offence or been declared bankrupt?** | **YES** [ ]   **NO** [ ]   |
| **(f) Have you had any Claims in the past 5 years?** | **YES** [ ]   **NO** [ ]   |
| **If YES to any of the above , please give details below.** |
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Your Duty of Disclosure

You have a duty to tell Us before the Policy is entered

into, every matter known to You which:

• You know; or

• A reasonable person in the circumstances could

be expected to know, is relevant to Our decision

whether to insure You and whether any special

conditions need to apply to Your Policy.

This duty applies when You renew, extend, vary or

reinstate the Policy.

|  |  |
| --- | --- |
| **Applicant Signature:****…………………………………….** | **Date:****…… / ……… / ..……** |