

# CERTIFICATE OF INSURANCE



This Certificate is issued in accordance with the terms and conditions and exclusion of a Marine Liability Policy underwritten by QBE Insurance (International) Limited for the benefit of the Marina Owners Association and other parties.

**The Insured** \_\_\_\_\_

**Insured's Address** \_\_\_\_\_  
\_\_\_\_\_

**Period of Cover** From \_\_\_\_\_ To \_\_\_\_\_

**Name of Vessel** \_\_\_\_\_

**Description of Vessel** \_\_\_\_\_

**Cover Provided** Legal Liability of the Insured arising from the ownership of the vessel described above within the Navigation Limits as provided by the attached Institute Protection and Indemnity Clauses Hulls – Time 20/07/87

**Limit of Indemnity** NZ\$1,000,000 in the aggregate any one accident or incident

**Exclusions** As per the following attached clauses  
Institute Radioactive Contamination, Chemical, Biological, Bio-Chemical and Electromagnetic Weapons Exclusion Clause  
Terrorism Exclusion Clause  
Absolute Asbestos Liability Exclusion

**Navigation Limits** While operating as a private pleasure vessel for voyages commencing and finishing in New Zealand coastal waters not exceeding 200 nautical miles off shore.

**Warranty** Warranted that a minimum of 2 or more crew be on board the vessel at any time the vessel is operated for more than 10 hours in any 24 hour period or where any one voyage involves a distance of more than 50 miles, whichever is the lesser.

This Certificate Is Not Valid  
unless countersigned by or on behalf of the  
**New Zealand Marina Operators Association**

Signed for and on behalf of QBE Insurance (International) Limited

Manager – Marine  
QBE Insurance (International) Limited

Date.....

In the event of a claim please contact:

Marine Claims	
QBE Insurance (International) Limited	Tel: 09 366-9920
29 Customs Street West	Fax: 09 309-1193
Auckland, New Zealand	Email: marine@qbe.co.nz



**DECLARATION IN CONNECTION WITH AN APPLICATION FOR THIRD PARTY LIABILITY INSURANCE ARISING FROM THE OWNERSHIP OF A PLEASURE CRAFT**

Name of Vessel \_\_\_\_\_  
Owner/Skipper

Name of Vessel \_\_\_\_\_

Registration No \_\_\_\_\_

Have you ever had a claim made against you arising from any vessel owned by you or any vessel of which you were the master      Yes    No

Has any vessel under your command been involved in any accident causing loss or damage to the vessel      Yes    No

Have you ever had any insurance refused or cancelled      Yes    No

If "yes" to any of the above questions please give full details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
Owner/Skipper



**WHITIANGA  
MARINA**

**WHITIANGA MARINA SOCIETY INC.**

PO Box 66. Whitianga  
phone 07 866 2456 fax 07 866 5545  
email whitiangamarina@xtra.co.nz

Date: .....

To: Marsh Insurance  
Attention: Vaughan Bridges  
Fax 09 307 9376

**Dear Vaughan,**

I have attached a Certificate of Insurance and Declaration information for:

Vessel Name: .....

Type: .....

Owners' Name: .....

Insurance Cover: ..... day/months from: .....

Cost: \$ .....

Please forward a tax invoice by **email to: whitiangamarina@xtra.co.nz**

Thank you

.....  
Whitianga Marina