

The Newhaven Yacht Squadron Inc.

MEMBER SAFETY DECLARATION

In accordance with Rule 22

To be completed by Members requesting registration, or renewal of registration, of a boat on the Boat Register of The Newhaven Yacht Squadron Inc.

*PLEASE NOTE:

- You are required to provide a copy of your current Certificate of Insurance with this form.
- The Committee may request that you provide a current COI at any time.

Safety Declaration Form and Certificate of Insurance must be returned by July 30TH, 2023.

MEMBER NAME: **NYS Boat Reg. No.:** NYS

Address: Postcode:

Postal Address: Postcode:

Phone: Mobile: Email:

Holiday House Address:

Activity: **(please circle)** Fishing Sailing Cruising Social Boat Type: MB KB TS JETSKI OTHER

Boat Name: **Boat description or class:**.....

Sail No: **LOA:**m. **HP:** **VicRoads Boat Registration No:**

I declare that the above boat:

- Is currently registered with the appropriate Government Authority;
- Complies with current Victorian Motor Boating Regulations;
- Carries its name and NYS Number (after issue) near or on the transom;
- Is insured with an APRA registered Australian Insurer for legal liability to third parties (personal & property) for the sum of

(please write amount) **[Must be at least \$10M]**

e) The Insurance Policy Number is: Insurer Name:

f) The Insurance Policy expiry date is: and I undertake to either renew (or take out another similar contract of insurance) on or before the expiry date.

Note: You are responsible for maintaining appropriate insurance for your vessel.

Signature of Member: **Date:**

Failure to submit these documents is a failure to comply with your NYS regulations.

- **The consequence of such failure will lead to a suspension of access to the marina/boat ramp and/or a request to remove your vessel from the marina.**

Mail: PO Box 309, San Remo VIC 3925 or **Email:** admin@nys.org.au

or: **Left in the Mail Box in the Committee Room door.**

NYS 2023/2024