

## Marine Application

Company Title \_\_\_\_\_

Postal Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Risk Address \_\_\_\_\_

Website address \_\_\_\_\_

### Your Broker

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Brokerage \_\_\_\_\_

Telephone No \_\_\_\_\_

**You must give true and full answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.**

**This application form is designed to obtain information, which will enable Underwriters to offer you the widest cover and most competitive indication.**

**Please provide as much detail as possible including brochures, photographs or plans. The information provided will be treated as confidential.**

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one, which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the particulars and answers are correct and complete in every aspect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Position within Company \_\_\_\_\_

**The signing of this form does not bind the proposer to complete the insurance.**

**Present Insurer**

**Number of years insured**

**Current Premium**            \$

**Renewal Date**

Has the business, you or any of your directors/partners of your company ever been placed in any form of liquidation, declared bankrupt or made any arrangements with creditors?

**(This includes any previous company that you or any of your directors/ Partners of your company have worked.)**

Yes    No

Have you, your partner(s) / your director(s) ever been charged with or convicted of any offence involving dishonesty of any kind?

Yes    No

**If yes, please provide full details:**

Have you ever been declined insurance, or had any special terms imposed?

Yes    No

**If Yes, full details:**

**Please provide a full description of your company's business activities:**

Provide details of any associated or subsidiary companies for whom cover is required:

**(Also provide a description of the subsidiary companies Business activities)**

Names of directors, partners and other senior employees with their relevant years experience:

Name of Partners/Director/Senior Employee	Position	Years Experience

Do you have standard trading conditions? If Yes, please **attach** a copy

Yes    No

Do you always make your customers aware of them prior to any transaction?

Yes    No

Do you waive any rights of recourse for claims against any of your suppliers?

Yes    No

Do you/your company have any assets in any Jurisdiction governed by the USA?

Yes    No

If yes, details: \_\_\_\_\_

Year your company commenced business? \_\_\_\_\_

Are you registered for GST? Yes No

Are you or your company a member of a trade or professional association? Yes No

Did your company trade profitably last year? Yes No

If No, please provide a copy of your audited accounts for the last 2 years.  
Do you anticipate that your company will trade in surplus this year? Yes No

## **Revenue**

Please advise financial or other interested parties together with their **specific interest**.

Annual Revenue	Last Financial year:	Estimate for current year	Estimate for next year
	\$ _____	\$ _____	\$ _____

Please provide current annual Revenue relating to:

	Revenue %	\$		Revenue %	\$
Berthing/Storage of craft	_____	_____	Income from USA	_____	_____
Lifting/movement of craft	_____	_____	Boat Repair	_____	_____
Boat Building	_____	_____	Chandlery sales	_____	_____
Boat Rental/Hire	_____	_____	Manufacturing	_____	_____
Boat Sales	_____	_____	Tuition/Sailing School	_____	_____
Fuel Sales	_____	_____	Passenger Carrying	_____	_____
Brokerage	_____	_____	Goods in Transit	_____	_____
Other (please specify) _____			<b>TOTAL \$</b> _____		

Are the premises occupied solely by you? Yes No  
If No, give details of other occupants and their business activities:

Do any commercial craft use your facility? Yes No  
If Yes, details please \_\_\_\_\_

Type \_\_\_\_\_

What proportion of your work is on commercial craft; \_\_\_\_\_ %

Have your premises or surrounding/local area ever experienced any:  
Flooding Yes No  
Subsidence, heave, landslip or erosion Yes No  
Any severe weather / catastrophes Yes No

Distance and location of your nearest fire station: \_\_\_\_\_

What fire fighting equipment do you have at your facility? \_\_\_\_\_

**Security**

Is a ULC/CSA approved alarm fitted and operational when the premises are left unattended

Yes      No

If Yes, give locations and type of alarm: \_\_\_\_\_

Make of alarm and Company providing the maintenance agreement (Please enclose a copy)

What security precautions do you take for:-

External doors \_\_\_\_\_  
Windows \_\_\_\_\_  
Roller shutters \_\_\_\_\_

Are any of the following installed at your premises:

Floodlights	Yes	No
Secure fencing	Yes	No
24hr Manned security	Yes	No

Other Security measures, if any? \_\_\_\_\_

**Claims History**

It is fundamental to the assessment of your insurance that a **five-year claims history is declared**. This should include any circumstances or notifications, which may not have led to any payments being made. In addition details of any settlements reached within the last five years for claims prior to five years should be included:

Date(s)	Circumstances	Amount Claimed	Amount Paid
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Section 1 Physical Damage to Building and Contents.**

	Building # 1	Building # 2	Building # 3
Location/Description			
Age			
Freehold or Leasehold?			
Size/Area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products stored in the building?	Yes No	Yes No	Yes No
If Yes, details please			
<b>New reinstatement value (\$)</b>			

	Building # 4	Building # 5	Building # 6
Location/Description			
Age			
Freehold or Leasehold?			
Size/Area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products Stored in the building?	Yes No	Yes No	Yes No

If Yes, details please			
<b>New reinstatement value (\$)</b>			

**Physical Damage to Buildings & Contents (cont)**

Please provide details of all Tenants/Sub-lessees and the nature of their activities:-

Annual Rent Receivable \$ \_\_\_\_\_  
 No. of Months for which cover is required \_\_\_\_\_

**Contents**

Nature of your stock:-

**Do you provide retail chandlery or associated retail facilities?** Yes No

Maximum value of stock held at any time over all locations: \$ \_\_\_\_\_  
 Maximum value of any one item of stock: \$ \_\_\_\_\_

<b>Item</b>	<b>Loc No.</b>	<b>Description</b>	<b>Sum Insured</b>
Machinery & Plant			\$
Furniture, fixtures & fittings			\$
\Stock			\$
Goods held in trust			\$
Office Equipment			\$
Computer Equipment			\$
Chandlery			\$
Electronic Equipment			\$
C\$			
Wines, Spirits & Cigarettes			\$
C\$			
All other contents (Excl. personal property)			\$
Other items, please specify			\$
Hired in plant for which you are responsible			\$
2nd Hand items for re-sale			\$

Are there any other contents that are not covered above, if so, Please provide details.

**Total sum to be insured (over all locations)** \$ \_\_\_\_\_

**NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.**

**DEBRIS REMOVAL COSTS and ARCHITECTS FEES SHOULD BE INCLUDED WITHIN YOUR BUILDINGS and STOCK / CONTENTS SUMS INSURED.**

Item	Loc No.	Description	Sum Insured
Own Stock of Vessels			\$

If stock includes any vessels, advise if any are kept afloat at any time:  
If Yes, specify:-

a) Usual location \_\_\_\_\_  
b) Maximum number \_\_\_\_\_ c) Total value afloat \$ \_\_\_\_\_

Do you require cover for demonstrating stock vessels? Yes No

Do you require cover for any stock at exhibitions? Yes No

If Yes, specify which exhibitions and value of stock: \_\_\_\_\_

### **Goods In Transit Insurance**

Description of Goods:  
Usual method of transit:  
Destination(s):

Total annual value of sendings last year: \_\_\_\_\_ \$  
Estimate of total value of sendings for this policy year: \_\_\_\_\_ \$  
Estimate the maximum value any one sending: \_\_\_\_\_ \$

Do you use one regular professional freight forwarder/hauler? Yes No  
Do you deliver goods using your own vehicle(s) Yes No

Overseas countries - please indicate whether imports or exports:

Total annual value of shipments last year: \_\_\_\_\_ \$  
Estimate of total value of shipments for this policy year: \_\_\_\_\_ \$  
Maximum value any one shipment: \_\_\_\_\_ \$

### **Section 2 - Physical Damage to Marine Structures**

Please give full description and provide sketch plan:

Age: \_\_\_\_\_ Total length: \_\_\_\_\_ No. of Sections: \_\_\_\_\_

What is the construction type i.e. Wood, Metal Frame or concrete? \_\_\_\_\_

Number of Covered Slips \_\_\_\_\_ Val \$ \_\_\_\_\_  
Number of Open Slips \_\_\_\_\_ Val \$ \_\_\_\_\_

What services do you supply? \_\_\_\_\_

Supplier/Manufacturer?

**Do you have covered slips, dock, pontoons or boat houses ashore or afloat** Yes No

**If yes**, please provide **on a separate sheet**, full details of these structures including Size Capacity, Age, Construction and Re-Building Value including debris removal costs.

If you have a report / valuation which has been prepared during the past 3 years a copy of his should be attached.

How are the pontoons secured to the seabed? \_\_\_\_\_ No. of piles? \_\_\_\_\_  
Are the pontoons subject to tidal conditions? Yes No

Minimum depth of water \_\_\_\_\_ Maximum depth of water \_\_\_\_\_

What is the largest size and type of vessel that can be berthed? \_\_\_\_\_

What are your budgeted annual maintenance costs? \$ \_\_\_\_\_

What is the reinstatement value of your marine structures including installation costs and services provided? \$ \_\_\_\_\_

### **Section 3 - Third Party Liability**

Limit of Indemnity you require in respect of your **Third Party Liabilities**

Select from: **\$1m** **\$2m** **\$5m** **Specify other** \$ \_\_\_\_\_

Type and number of berths:

- a) Pontoons \_\_\_\_\_
- b) Swing Moorings \_\_\_\_\_
- c) Other \_\_\_\_\_

Do you restrict access to berth holders only? Yes No

Maximum length of any vessel that can berth at your facility: \_\_\_\_\_

Are there facilities for lifting vessels out of the water? Yes No

**If yes, complete p.13, Physical Damage to Handling Equipment**

Do you sub-contract the lifting facilities? Yes No

**If Yes**, to whom? \_\_\_\_\_

Maximum number of vessels that you can store on land: \_\_\_\_\_

Do you sell diesel, gas or other fuels? Yes No

Age of the tanks: \_\_\_\_\_

Is there a separate "cut-off" valve between the tank and pumps Yes No

Distance from the nearest building, mooring or other pontoon? \_\_\_\_\_

Do you winterise craft for winter storage? Yes No

**If Yes**, please give details \_\_\_\_\_





		\$
		\$

Do you employ a professional accountant?

Yes No

If Yes, please provide name and address:

Name	
Address	

### **Section 5 – Physical Damage to Handling Equipment**

Please provide details of all handling equipment at all locations, even if accidental damage cover for the item is not required:-

Item	Age	Last mandatory Inspection date	Lifting Capacity	Current Value (\$)	Is accidental Damage required?

\*NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

\*PLEASE NOTE: Statutory inspection requirements and machinery breakdown covers are not included within our contract. Arrangements should be made through your Insurance Broker.

### **Section 6 – Vessels under Construction**

#### **Production Boat Builders**

**PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT**

Type of Vessels, hull construction, speed and values of the vessels you build: **not applicable**

Do you have experience in building this type of vessel(s)

Yes No

If Yes, how many years? \_\_\_\_\_

Who designed the vessel? \_\_\_\_\_

No. of vessels you have built in the last three years? \_\_\_\_\_  
In the last year? \_\_\_\_\_

What has been your average annual income from the sale of these vessels? \$ \_\_\_\_\_

Have you built any prototype/custom vessels in the last five years? Yes No  
**If Yes**, please **attach** details

No. of vessels you have sold to buyers resident in USA within the last five years? \_\_\_\_\_

What is the highest **completed value** of any one vessel? \$ \_\_\_\_\_

What is the maximum number of vessels you will have under construction at any one time? \_\_\_\_\_

What is the **maximum value of all** vessels under construction at any one time? \$ \_\_\_\_\_

Do you carry out work away from your workshop/boatyard? Yes No

Do you work overseas? Yes No  
**If Yes**, specify countries: \_\_\_\_\_

Is cover required for:- demonstrations or trials or tests Yes No

### Individual Builds

Full description of vessel including type, hull construction, length, engines:

Do you have experience in building this type of vessel Yes No  
**If Yes**, how many years? \_\_\_\_\_

Who designed the vessel? \_\_\_\_\_

Completed value: \$ \_\_\_\_\_

Value(s) at specific intervals: \_\_\_\_\_

Where is the vessel being built? \_\_\_\_\_

Is construction under cover? Yes No  
Expected completion date: \_\_\_\_\_

### Section 7 – Vessels

Complete this section if the vessel(s) is/are considered part of and/or ancillary to your business.  
If more than one vessel is to be insured, please take additional copies of this section and attach to this application

Name and Type of Vessel: \_\_\_\_\_  
Class or Manufacturer's Title: \_\_\_\_\_

Please tick applicable:

Sail	Date of purchase: ____ / ____ / ____	Purchase price: \$ _____
Monohull		
Multihull	Current market value of the Vessel: _____	\$ _____
Power		

Please complete the following table if the value includes; trailer, outboard or additional equipment

	Trailer	Outboard	Additional Equipment
Value			
Make/Model			
Serial No.			

Is the trailer fitted with a wheel clamp when left unattended? Yes No

If no, please detail other forms of security? \_\_\_\_\_

Hull construction material: \_\_\_\_\_ Year built: \_\_\_\_\_

Length: \_\_\_\_\_

Beam \_\_\_\_\_

Draft \_\_\_\_\_

Engine make & model \_\_\_\_\_ Engine HP \_\_\_\_\_

Fuel Type, please tick as applicable:

Maximum designed speed of the Vessel:-

If over 17 knots, please complete a, b, c:-

a) inboard outboard stern drive jet

b) Is the outboard fitted with an anti-theft device? Yes No

c) Is the boat used for towing water-skiers or similar activities? Yes No

Use: Private pleasure only Skipper charter Bareboat charter Commercial

If Commercial work and / or charter work is undertaken please provide full details: \_\_\_\_\_

If passenger Vessels please give licence details: \_\_\_\_\_

Cruising range required: \_\_\_\_\_

If moored afloat - where?: \_\_\_\_\_

Mooring type: Swing Piles Marina Anchor Fore & Aft Jetty

When was the mooring last surveyed? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By whom: \_\_\_\_\_

Is the Vessel used for racing? Yes No

If Yes, please give Full Details: \_\_\_\_\_

Date of last out of water survey: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the last survey is within the last 3 years, a copy should be **attached**.

A survey report will normally be required for vessels over 15 years of age.

Please provide any additional information: \_\_\_\_\_