



[Commercial Marine]
MARINE TRADES APPLICATION

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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Main Address of Insured: _____ Postal Code: _____

Name of Principal(s): _____

Website: _____

Number of years in business: _____ Years' of related experience: _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Previous Insurer: _____

Background and business description and details of operations: (Please complete below)

Insured Location 1:

Insured Location 2:

Insured Location 3:

Insured Location 4:

How many years have you been trading? _____

How many years under current management? _____

Total number of years of relevant experience of marina/yard manager? _____

If you have stated less than 5 years above, please provide full details of previous business experience below:

PART 2 CLAIMS HISTORY

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, explain below:

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Have you or anyone else connected with the management of your business Renewed with specific terms imposed to address previous loss experience or changes in your business activities? If "Yes" please detail below: Yes No

Have you or anyone else connected with the management of the business that you wish to insure ever been:

- (a) Cautioned for or convicted of any criminal offence or has a prosecution pending, other than motoring offences? Yes No
- (b) Declared bankrupt or been the subject of bankruptcy proceedings or voluntary arrangement? Yes No
- (c) A director of or involved in the management of a company which has been wound up in or entered into a scheme of arrangement? Yes No

If "Yes" to any of the above, please detail below:

Does your business for which cover is required have Standard Trading Terms and Conditions that form the basis of the Contract with your customers? **IF "YES" PLEASE ATTACH A COPY OF OUR RECORDS** Yes No

Is a copy of the Terms and Conditions provided to all customers prior to commencement of your services? Yes No

Currency of the policy (to be maintained throughout the completion of this form)

PART 3 COMBINED THIRD PARTY LIABILITY INFORMATION

What Limit of Liability do you require? \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other: \$

Declaration of estimated gross receipts/turnover for the coming 12 months:

Boat Mooring/Berthing	
Boat Hauling/Launching	
Boat Repair	
New Boat Sales from Stock	
Boat Brokerage Fees	
Parts and Equipment Sales	
Boat Building	
Boat Storage	
Sailing/Tuition School	
Boat Lifting/Movement	
Yacht Club Fees	
Boat Rentals	
Restaurant/Food and Drink Sales	
Sales made into the USA	
Other (please detail each activity):	
TOTAL:	

If you require liability cover for Regatta attendance and/or hosting please advise the following:

Number of Regattas in Total:

Number of Overseas Regattas:

Are any subcontractors used in the performance of your business activities to be insured?

Yes No

If "Yes", list which business activities are subcontracted:

What is the percentage of subcontracted works?

%

Do you check that subcontractors have their own liability insurance providing full cover for their activities such as Boat Repair, Product Manufacture or Product Supply?

Yes No

If "Yes" to above question, please advise the minimum limit of liability your subcontractors are required by you to purchase?

\$

Do you use lifting and/or hauling equipment?

Yes No

If "Yes", please complete the table below. If liability only cover is required for this equipment please do NOT complete the "Value" column. If physical damage cover for this equipment is required (see next section), please ensure you complete the "Value" column for each item.

Description, Make & Model	Age (Years)	VALUE Complete only if Physical Damage coverage is required for	Lifting Capacity	Date of Last Maintenance Inspection (DD/MM/YYYY)

What is the frequency of maintenance inspections? Daily Weekly Monthly Bi-annually Annually Other:

If you supply or sell fuel, please describe how the fuel is stored and whether or not the fuel tanks are banded:

Are there cut offs valves operating between the fuel tanks and fuel pumps?

Yes No

If you repair &/or maintain boats, what is the largest vessel you work upon? Size:

Value:

If you repair &/or maintain boats, what is the average sized vessel you work upon? Size:

Value:

If you repair &/or maintain boats what percentage of your income is in relation to:

Commercial Craft: %

Pleasure Craft: %

Yacht/Charter Vessels: %

%

PART 4 OWN PROPERTY DAMAGE INFORMATION

Is cover required? (If "Yes", please complete the following questions, if "No", skip to the next section)

Yes No

Does the premises requiring cover have any of the following:

LOCATION 1:

Perimeter security gated and fenced? Yes No 24 Hour on site security? Yes No Night Watchman? Yes No

Operational floodlights? Yes No Operational CCTV system? Yes No

If "Yes", is this monitored or recording only? Describe below:

Operational Intruder Alarm system? If "Yes" is this sound only, or live monitoring? Please describe below:

Yes No

Operational Fire Detection system? Yes No Operational Sprinkler system? Yes No

Other fire extinguishing appliances (describe):

Are fire extinguishing appliances inspected and maintained annually?

Yes No

Please state the distance of nearest fire station:

LOCATION 2:

Perimeter security gated and fenced? Yes No 24 Hour on site security? Yes No Night Watchman? Yes No

Operational floodlights? Yes No Operational CCTV system? Yes No

If "Yes", is this monitored or recording only? Please describe:

Operational Intruder Alarm system? If "Yes" is this sound only, or live monitoring? Please describe below:

Yes No

Operational Fire Detection system? Yes No Operational Sprinkler system? Yes No

Other fire extinguishing appliances (describe):

Are fire extinguishing appliances inspected and maintained annually?

Yes No

Please state the distance of nearest fire station:

LOCATION 3:

Perimeter security gated and fenced? Yes No 24 Hour on site security? Yes No Night Watchman? Yes No

Operational floodlights? Yes No Operational CCTV system? Yes No

If "Yes", is this monitored or recording only? Please describe:

Operational Intruder Alarm system? If "Yes" is this sound only, or live monitoring? Please describe below:

Yes No

Operational Fire Detection system? Yes No Operational Sprinkler system? Yes No

Other fire extinguishing appliances (describe):

Are fire extinguishing appliances inspected and maintained annually?

Yes No

Please state the distance of nearest fire station:

LOCATION 4:

Perimeter security gated and fenced? Yes No 24 Hour on site security? Yes No Night Watchman? Yes No

Operational floodlights? Yes No Operational CCTV system? Yes No

If "Yes", is this monitored or recording only? Please describe:

Operational Intruder Alarm system? If "Yes" is this sound only, or live monitoring? Please describe below: Yes No

Operational Fire Detection system? Yes No Operational Sprinkler system? Yes No

Other fire extinguishing appliances (describe):

Are fire extinguishing appliances inspected and maintained annually? Yes No

Please state the distance of nearest fire station:

PART 5 BUILDINGS AND CONTENTS INFORMATION

Is buildings cover required? (If "Yes", please complete the following questions, if "No", skip to the next section) Yes No

Value: \$ Age (Yrs): Use:

Size and Construction:

Alarm (Fire)? Yes No Roller Shutters? Yes No Deadlocked Doors? Yes No Padlocks? Yes No

Basis of Cover Required: Replacement Cost Actual Cash Value

Located in an area where there is a history of, or high risk of, flooding? Yes No If "Yes", please provide details below:

Is contents cover required? Yes No If "Yes", please complete the following questions. If "No", please skip to the next section

Description	Value	Description	Value
Machinery & Plant		Stock of Parts & Accessories	
Boat Stock (on land)		Furniture, Fixtures & Fittings	
Boat Stock (afloat)		Electronic Equipment	
Business Tools		Employee Tools	
Equipment		Computer Equipment	
Customer Goods		Other describe & value:	

Do you use equipment or tools away from the premises? Yes No If "Yes", please state value and description:

Do you require Chilled and Frozen Food Extension? Yes No If "No", please skip to the next section

What is the maximum value of the contents? \$

What is value of your freezer/refrigeration units on an actual cash value basis? \$

What is the maximum value of the contents? \$

Are your freezer/refrigeration units the subject of service or contract? Yes No If "Yes", please provide full details:

PART 6 MARINE INSTALLATIONS INFORMATION

Is cover required? (If "Yes", please complete the following questions, if "No", skip to the next section) Yes No

Do you have a detailed and on-going maintenance program designed to identify and rectify all defects in your marina installations? Yes No

If "No" to above, please advise how defects are fixed and rectified:

Please complete the following:

Description	Value	Age (Yrs)	Construction	Professionally built? Give name of manufacturer	Condition
Floating pontoons					
Fixed pontoons					
Breakwaters					
Quays/Piers					
Piles/Anchors					
Electrical Installations					
Other:					

PART 7 VESSELS UNDER CONSTRUCTION

Is cover required? (If "Yes", please complete the following questions, if "No", skip to the next section) Yes No

How many vessels do you build annually? Yes No

Do you build and fit the vessels you sell yourselves? Yes No

If "No", are hulls purchased by you from a recognized hull manufacturer? Yes No

Do you undertake restoration and/or conversion projects? Yes No

Please complete the following:

Type of Craft	Maximum Values at risk any one time	Maximum values at risk any one vessel	Limit of Third Party Liability required whilst afloat during sea trials

PART 8 OWN VESSELS COVER

Is cover required? (If "Yes", please complete the following questions, if "No", skip to the next section)

Yes No

Please complete the following (if more than six vessels require cover then please provide a schedule):

Type of Craft (Make/Model)	Engine Make/Model and total horsepower	Value	Age	Use	Limit of Third Party Liability required whilst afloat

If any of the above mentioned vessels are stored on land whilst not in use, please provide details of security protection, if this differs from security details mentioned under "Own Property Damage" section above:

Do you provide Charter services for these vessels? Yes No If "Yes", please advise: Skipper OR Bareboat

If Bareboat please advise your minimum requirements surrounding the qualifications and experience of the driver:

Do you require cover for Private Pleasure use for Directors/Managers of your company? Yes No

If Yes to above, please advise experience of drivers:

PART 9 TRANSIT COVER

Is cover required? (If "Yes", please complete the following questions, if "No", skip to the next section)

Yes No

Goods carried by your own vehicles:

	Maximum distance	Average distance
Annual total sendings		
Maximum value any one sending		
Average value any one sending		

Goods carried by Professional Courier's vehicles:

	Maximum distance	Average distance
Annual total sendings		
Maximum value any one sending		
Average value any one sending		

PART 10 BUSINESS INTERRUPTION

Is cover required? (If "Yes", please complete the following questions, if "No", skip to the next section)

Yes No

Estimated gross profit for the next 12 months: \$

Indemnity period required: 12 months 18 months 24 months Other (please detail):

Increased Cost of Working/Extra Expense limit required: \$

Do you require the following Business Interruption Extensions: Denial of Access: Yes No Suppliers Extension: Yes No

If "Yes" to Suppliers Extension above, please provide name and address of Supplier(s)

Suppliers Name	Suppliers Address

Failure of Utilities?

Yes No

PART 11 EXHIBITION RISK

Is cover required? (If "Yes", please complete the following questions, if "No", skip to the next section)

Yes No

Number of exhibitions attended annually:

Are all exhibition sites protected by security personnel?

Yes No

Value of Goods Exhibited excluding vessels: \$

Value of vessels exhibited (if applicable): \$

Maximum Value of exhibition stand and equipment: \$

Maximum estimated exhibition expense: \$

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date: