



PROPOSAL FORM FOR MARINAS AND ASSOCIATED BUSINESS

Rest of World (Exc. UK, Europe, USA & Canada)

Company _____

Postal Address _____

_____ **Post Code** _____

Telephone _____ **Fax No** _____

Contact Name _____ **Position** _____

Your Broker _____

Address _____

Telephone and Fax No _____ **Contact Name** _____

This proposal form is designed to obtain information which will enable Underwriters to offer you the widest cover and most competitive indication under our fixed price package policy.

Please provide as much detail as possible including brochures, photographs or plans.

The information provided will be treated as confidential.

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.

Please return the completed proposal form to:

Hiscox MGA Ltd

1 Great St Helens, London, EC3A 6HX – Tel: +44 (0)207 448 6126 or Fax: +44 (0)207 448 6900

Or contact: Email Helen.Banham@hiscox.com

PART A TO BE COMPLETED BY ALL PROPOSERS

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

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

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

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<hr/>	<hr/>
<hr/>	<hr/>

Do you have standard trading conditions? [] Yes [] No
 If Yes, please **attach** a copy

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 or your company a member of a trade or professional association? [] Yes [] No
 If Yes, which?

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

Annual Turnover	Last Financial year:	Estimate for current	Estimate for next
Please state currency		financial year:	financial year:

<hr/>	<hr/>	<hr/>	<hr/>
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Your present Insurer:- _____ **Current Premium:-** _____

Please provide current annual turnover relating to:

	Turnover %		Turnover %
Berthing/Storage of craft	_____	USA turnover	_____
Lifting/movement of craft	_____	Manufacturing	_____
Boat Building	_____	Chandlery sales	_____
Boat Repair	_____	Brokerage fees	_____
Boat Rental/Hire/Charter	_____	Goods in Transit	_____
Boat Sales	_____	Tuition/Sailing School	_____
Fuel Sales	_____	Passenger Carrying	_____
Other (please specify)	_____	TOTAL	_____

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?

If Yes, details please

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: _____

Do you have adequate fire fighting equipment throughout your facility?

[] Yes [] No

SECURITY

Is an 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 locks or security precautions are taken to secure:-

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

Third Party Liability

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

Select from: **250,000 / 500,000 / 1m / 2m 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.6, Travel Hoists, Lifting & Handling Equipment section

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 carry out work away from your premises? Yes No

If Yes, please give details of work undertaken: _____

Do you use welding or flame cutting equipment, blow lamps or blow torches in such work away from your premises. Yes No

If Yes, please provide estimated wage roll of those involved. _____

Do you work overseas Yes No

If Yes, which countries: _____

Do you require cover in respect of **Products Liability**? Yes No

If Yes, Limit of Indemnity required: _____

Please give details of products to be covered: _____

Do you require **Waterborne Liabilities**. Yes No

If Yes, Limit of Indemnity required: _____

Please give details of waterborne activities to be covered: _____

Buildings Insurance

	1	2	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]
Yes, details please			
New reinstatement value (€)			

	4	5	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]
Yes, details please			
New reinstatement value (€)			

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 _____

Stock in Trade and Contents Insurance

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:

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

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.

Own Stock of Vessels

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

[] Yes [] No

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:

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

Travel Hoists, Lifting & 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 are not included within our contract. Arrangements should be made through your Insurance Broker.

Pontoons - Walkways - Quays etc.

Please give full description:

Age: _____ Total length: _____ No. of Sections: _____

What is the construction type? _____

Supplier/Manufacturer? _____

What services do you supply? _____

How are the pontoons secured to the seabed? _____ No. of piles? _____

Are the pontoons subject to tidal conditions? Yes No

Have they been surveyed within the last 3 years Yes No
If Yes, please **attach** copy.

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 (including installation costs, piles and services provided) _____

Boat Builders and Boat Repairers

PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT

Type of Vessels, hull construction, max. designed speed and maximum values of the vessels you build :

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? _____

Types of repair work you carry out: _____

Materials used, tick as applicable: GRP [] Wood [] Steel [] Aluminium []

Maximum hull size/type/largest vessel you will carry out repairs on: _____

Do you carry out work in respect of Osmosis treatments? [] Yes [] No

Do you require cover in respect of vessels under construction under Section 5 of our Policy ? [] Yes [] No

Full description of vessel(s) including type, hull construction, length, engines: _____

Do you have experience in building this type of vessel(s) [] Yes [] No
If Yes, how many years? _____

Who designed the vessel? _____

Completed value: _____
or value(s) at specific intervals: _____

Where is the vessel being built? _____

Is construction under cover? [] Yes [] No
Expected completion date: _____

Production boat builders:

Please **attach** full details of the vessels you build.

Materials used in construction: _____

Approximate number built per annum? _____

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 premises? Yes No

Do you work overseas? Yes No

If Yes, specify countries: _____

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

Transit - please complete the **GOODS in TRANSIT** section of this proposal.

Exhibition and shows - please complete the **STOCK** and **CONTENTS** section of this proposal.

Goods in Transit Insurance

Description of Goods: _____

Usual method of transit: _____

UK destination(s): _____

Total annual value of UK sendings last year:- _____

Estimate of total value of UK sendings for this policy year:- _____

Estimate the maximum value any one sending:- _____

Do you use one regular professional freight forwarder/haulier? Yes No

Do you deliver goods using your own vehicle(s) Yes No

Destinations of overseas countries - please indicate whether imports or exports: _____

Total annual value of overseas shipments last year:- _____

Estimate of total value of shipments for this policy year:- _____

Maximum value any one shipment:- _____

Business Interruption Insurance

This cover applies following loss of or damage to your property insured by us under the policy sections specified.

All Sections Yes No

If No, please specify which Section No's _____ only.

Following:- All Risks/Limited Perils (delete as applicable)

Please note that some Indications will only be offered cover following restricted Perils under specific Sections.

Fuel Type, please tick as applicable: Diesel Petrol

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 latest 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: _____

Boat Hire - Charter Hire - Rental

Please tick the relevant box(es) and describe the activity in detail:

Bareboat charter/rental Skipper charter Day trips Other

Usual hire/charter period? _____

Usual cruising area: _____

Are there any charted navigational hazards? Yes No

If Yes, details please: _____

Do you take a deposit from your customers? Yes No

If Yes, amount: _____

Please **attach** the following if used:- Hire agreements, Questionnaire customers complete; details of crew you may supply; details of the vessels/craft you operate and indicate any craft that can exceed 17 knots.

Hire Fees

Do you require cover for loss of hire fees if any Vessel is unfit for hire following an Insured loss or damage to Vessels declared to Underwriters. Yes No

If "YES" state –

(a) Indemnity period required (Max. 12 weeks): _____
 (b) Excess period (Min. 15 days): _____

Money Insurance

Please estimate total annual carryings to/from bank or post office:- _____

If Money is carried to or from places other than the Bank or Post Office please give details;

Please specify the limit for any one loss:-

During business hours, transit or night safe _____
 In locked safe* outside business hours _____
 Any other loss _____
 Limit at Directors / Principals private residence _____

Details of any safe:-

Manufacturer/model: _____ Age: _____ Location: _____

NB The policy warrants that keys and combination are to be removed from the insured premises outside working hours.

Claims History

To be completed by all Proposers

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? [] 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

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: _____

The Parties are free to choose the law applicable to our Insurance Contract. Unless specifically agreed to the contrary the Certificate of Insurance relating to our contract shall be subject to the exclusive jurisdiction of the English courts.

Any enquiry or complaint should be addressed in the first instance to Hiscox MGA Ltd.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law.

The address is:- Complaints and Advisory Department, Lloyd's, One Lime Street, London EC3M 7HA Telephone 020 7327 1000

DATA PROTECTION STATEMENT

Hiscox MGA Ltd will use the information that you supply to administer your policy and deal with any claims. In addition your information will be used for the purposes of business development and trend, business and market analysis. Your information will be kept for as long as is required by the business for these purposes.

Where appropriate we will make checks with a licensed credit referencing agency and a record of any search will be made. Your details may be shared with insurance companies and members of the Lloyd's market for the purposes of administering your policy and for dealing with any claims. We also exchange information with other approved organisations for underwriting and fraud prevention purposes. We will only reveal your personal data to other third parties if it is necessary for the performance of your agreement with us, you have given your consent or it is required or permitted by law. You can request a copy of the details that we hold about you.

We will not supply your personal information to any third party for the purposes of marketing and we will not contact you with details of any services or special offers that might be of interest to you.

DECLARATION

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.