

Trafalgar Marine Trades Application Form



Important Notice

It is important that you complete this form as fully and as accurately as possible to the best of your current knowledge in order that we can provide you with accurate terms. Please note that the information provided herein will be used in underwriting and setting the terms and conditions of your insurance policy should one be issued. Please therefore bear in mind that coverage may be declined, the policy cancelled or terms amended at our discretion should information be found to be inaccurate.

General Information

1.	(a)	Name of Company (insured)	
	(b)	Principal Address	
	(d)	Full details of business activities to be Insured	
	(i)	Please provide website details and confirm whether you have a social media platform for your business	
2.	(a)	Insured location 1	
	(b)	Insured location 2	
	(c)	Insured location 3	
	(d)	Insured location 4	

3. (a) Have you purchased insurance for the past 5 years for which cover will be provided herein? Yes No

If NO, provide the reason:

- (b) Have you made a claim under any insurance policy for which cover will be provided herein, in the last 5 years? Yes No

If YES, please provide full details.

You should include all notifications regardless whether a claim was paid or not.

- (c) How many years have you been trading?

- (d) How many years under current management?

- (e) 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.

- (f) Have you or anyone else connected with the management of your business had any previous insurance;

(i) Declined? Yes No

(ii) Cancelled? Yes No

(iii) Renewed with specific terms imposed to address previous loss experience or changes in your business activities? Yes No

No If YES to

any of the above, please detail below:

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

(i) Cautioned for or convicted of any criminal offence or has a prosecution pending, other than motoring offences? Yes No

(ii) Declared bankrupt or been the subject of bankruptcy proceedings or voluntary arrangement? Yes No

(iii) 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:

(h) Does your business for which cover is required have Standard Trading Terms and Conditions that form the basis of the Contract with your customers? Yes No

If YES, please attach a copy for our records.

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

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

Section I: Combined Third Party Liability Information

1. What Limit of Liability do you require?
 1,000,000 2,000,000 5,000,000 10,000,000 Other (specify)

2. 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)	

3. If you require liability cover for Regatta attendance &/or hosting please advise the following:
 (a) Number of Regattas in total

(b) Number of Overseas Regattas

4. Are any subcontractors used in the performance of your business activities to be insured? Yes No

No If YES, please list which business activities are subcontracted.

(b) What is the percentage of subcontracted works?

(c) 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' please advise the minimum limit of liability your subcontractors are required by you to purchase.

5. 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 (Section B.2), please ensure you complete the 'Value' column for each item.

Description, Make & Model	Age	Value (To be completed only if Physical Damage cover is required for	Lifting Capacity	Date of the last maintenance inspection

6. What is the frequency of maintenance inspections (e.g.; annually/bi-annually)?

7. (a) If you supply or sell fuel, please describe how the fuel is stored and whether or not the fuel tanks are banded.

(b) Are there cut offs valves operating between the fuel tanks and fuel pumps? Yes No

8. (a) If you repair &/or maintain boats, what is the largest vessel you work upon?

(i) Size

(ii) Value

(b) If you repair &/or maintain boats, what is the average sized vessel you work upon?

(i) Size

(ii) Value

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

(i) Commercial Craft

(ii) Pleasure Craft

(iii) Yacht Charter vessels

Section 2: Own Property Damage Information

1. Is cover required? Yes No

If YES, please complete the following questions. If NO, please skip to the next section.

2. Does the premises requiring cover have any of the following:

Location 1

(a) Perimeter security gated and fenced? Yes No

(b) 24 hour on site security? Yes No

(c) Night watchman? Yes No

(d) Operational floodlights? Yes No

(e) Operational CCTV system? Yes No

If YES, is this monitored or recording only? Please provide details:

(f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

(g) Operational Fire Detection system? Yes No

(h) Operational Sprinkler system? Yes No

(i) Other fire extinguishing appliances?

(j) Are fire extinguishing appliances inspected and maintained annually? Yes No

(k) Please state the distance of nearest fire station

Location 2

- (a) Perimeter security gated and fenced? Yes No
- (b) 24 hour on site security? Yes No
- (c) Night watchman? Yes No
- (d) Operational floodlights? Yes No
- (e) Operational CCTV system? Yes No

If YES, is this monitored or recording only? Please provide details:

- (f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

- (g) Operational Fire Detection system? Yes No
- (h) Operational Sprinkler system? Yes No

(i) Other fire extinguishing appliances?

- (j) Are fire extinguishing appliances inspected and maintained annually? Yes No

(k) Please state the distance of nearest fire station

Location 3

- (a) Perimeter security gated and fenced? Yes No
- (b) 24 hour on site security? Yes No
- (c) Night watchman? Yes No
- (d) Operational floodlights? Yes No
- (e) Operational CCTV system? Yes No

If YES, is this monitored or recording only? Please provide details:

- (f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

- (g) Operational Fire Detection system? Yes No
- (h) Operational Sprinkler system? Yes No
- (i) Other fire extinguishing appliances?
- (j) Are fire extinguishing appliances inspected and maintained annually? Yes No
- (k) Please state the distance of nearest fire station

Location 4

- (a) Perimeter security gated and fenced? Yes No
- (b) 24 hour on site security? Yes No
- (c) Night watchman? Yes No
- (d) Operational floodlights? Yes No
- (e) Operational CCTV system? Yes No

If YES, is this monitored or recording only? Please provide details:

- (f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

- (g) Operational Fire Detection system? Yes No
- (h) Operational Sprinkler system? Yes No
- (i) Other fire extinguishing appliances?
- (j) Are fire extinguishing appliances inspected and maintained annually? Yes No
- (k) Please state the distance of nearest fire station

Section 3: Buildings & Contents Information

- 1. Is buildings cover required? Yes No

If YES, please complete the following questions. If NO, please skip to the next section.

- 2. (a) Value
- (b) Age
- (c) Use
- (d) Size and construction

- (e) Alarm Yes No
- (f) Roller Shutters? Yes No
- (g) Deadlocked doors? Yes No
- (h) Padlocks? Yes No
- (i) Basis of Cover required Replacement Cost Actual Cash Value
- (j) Located in an area where there is history of or high risk of flooding? If Yes No

YES, please provide details

3. (a) 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, please describe.	

- (b) Do you use equipment or tools away from the premises? Yes

No If YES, please state value and description

- (c) Do you require Chilled and Frozen Food Extension? Yes

No If NO, please skip to the next section

- (i) What is the maximum value of the contents?
- (ii) What is value of your freezer/refrigeration units on an actual cash value basis?
- (iii) What is the maximum value of the contents?

(iv) Are your freezer/refrigeration units the subject of service or contract?

Yes No

No If YES, please provide full details:

Section 4: Marine Installations Information

1. Is cover required?

Yes No

If YES, please complete the following questions. If NO, please skip to the next section.

2. (a) 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, please advise how defects are fixed and rectified.

(b) Please complete the following:

Description	Value	Age	Construction	Professionally built? Give name of manufacturer	Condition
Floating pontoons					
Fixed pontoons					
Breakwaters					
Quays/Piers					
Piles/Anchors					
Electrical Installations					
Other, please describe.					

Section 5: Vessels Under Construction

1. Is cover required?

Yes No

If YES, please complete the following questions. If NO, please skip to the next section.

2. (a) How many vessels do you build annually?

- (c) Do you build and fit the vessels that you sell yourselves? Yes No
 If NO, are hulls purchased by you from a recognised hull manufacturer? Yes No
- (d) Do you undertake restoration and/or conversion projects? Yes No
- (b) 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

Section 6: Own Vessels Cover

1. Is cover required? Yes No
 If YES, please complete the following questions. If NO, please skip to the next section.

2. (a) 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

- (b) 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 in Section B????.

- (c) Do you provide Charter services for these vessels? Yes No
 If YES please advise Skipper or Bareboat? Skipper Bareboat
 If Bareboat please advise your minimum requirements surrounding the qualifications and experience of the driver.

- (d) Do you require cover for Private Pleasure use for Directors/Managers of your company? Yes No
- No If YES, please advise experience of drivers.

Section 7: Own Vessels Cover

1. Is cover required? Yes No
- If YES, please complete the following questions. If NO, please skip to the next section.
2. Cover required Limit required
- | | | |
|--|--|----------------------|
| (a) Locked safe during business hours | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> |
| (b) Locked safe outside business hours | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> |
| (c) At Director's/Manager's residence | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> |
| (d) In vending machines/car park metres/gaming machines etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> |
| (e) Other | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> |

Section 8: Transit cover

1. Is cover required? Yes No
- If YES, please complete the following questions. If NO, please skip to the next section.
2. (a) Goods carried by your own vehicles

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

- (b) Goods carried by Professional Courier's Vehicles

	Maximum distance	Average distance

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

Section 9: Business interruption

1. Is cover required? Yes No

If YES, please complete the following questions. If NO, please skip to the next section.

2. (a) Estimated gross profit for the next 12 months

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

(c) Increased Cost of Working/Extra Expense limit required

(d) Do you require the following Business Interruption Extensions?

(iv) Denial of Access Yes No

(iv) Suppliers Extension Yes No

If YES, please advise name and address of supplier(s)

(iv) Failure of Utilities Yes No

Section 10: Exhibition Risk

1. Is cover required? Yes No

If YES, please complete the following questions. If NO, please skip to the next section.

2. (a) Number of exhibitions attended annually

(b) Are all exhibition sites protected by security personnel? Yes No

(c) Value of Goods Exhibited excluding vessels

(d) Value of vessels exhibited (if applicable)

(e) Maximum Value of exhibition stand and equipment

(f) Maximum estimated exhibition expense

Declaration

To be signed by the proposer

Signing this form does not bind Underwriters or the proposer to complete the insurance.

The "Proposal" includes this form, all attachments and all other documents or representations made to Underwriters. This Proposal shall be governed by the laws of England and any disputes arising under it shall be resolved in the High Courts of Justice of England and Wales which shall have exclusive jurisdiction, except as may be expressly agreed by Underwriters to the contrary.

We recommend that you keep copies of letters, this proposal form and all other information supplied to us for the purpose of obtaining a quotation.

I the undersigned, warrant the truth and accuracy of the statements contained in this proposal. I understand that any false statements made or material facts withheld may prejudice, the validity of, or any right to reimbursement under the insurance for which I am proposing.

Signed*

Name

Company position

Date

*the signatory should be a director or senior officer of, or a partner of, the Company.