



## Marine Contractors Submission Form

### General Information

BROKER			
CURRENT INSURER			
RENEWAL DATE		Current Premium	€

### Proposers Details

NAME OF PROPOSER IN FULL	
POSTAL ADDRESS	
FULL BUSINESS DESCRIPTION (If more than one, state all)	
HOW MANY YEARS HAVE YOU BEEN IN BUSINESS	

### Location(s) of Property to be Insured

1.	
2.	
3.	

## MATERIAL DAMAGE SECTION

Please indicate cover required (Commercial All Risks OR Fire & Special Perils)

Commercial All Risks Yes

Fire & Special Perils No

### Property to be Insured

Description	Value	Description	Value
Machinery & Plant	€	Stock of Parts and Accessories	€
Boat Stock (on land)	€	Fixtures/Fittings/Furniture	€
Boat Stock (afloat)	€	Electronic Equipment	€
Business Tools	€	Employee Tools	€
Computer Equipment	€	Customers Goods	€

## BUSINESS INTERRUPTION SECTION

Gross Profit	€	Increased cost of working	€
Rent Payable	€	Indemnity Period	Months

## LIABILITY SECTION

### Public & Products Liability

Limit of Indemnity Required €

Estimated Gross Turnover split as follows;

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

Details of all Sub-Contractors used (if any)

### Employers Liability

Please supply annual wage roll of ALL employees split into the relevant categories of work carried out

<u>Employee Category</u>	<u>Wage Roll</u>
Clerical/Admin	€
Manual Working Directors	€
Labour Only Sub Contractors	€
All Other Manual Employees	€
	€
	€
	€

DESCRIPTION OF WORK CARRIED OUT

% OF WORK AT OWN PREMISES

% OF WORK AWAY FROM THE PREMISES

### 5 Years Claims/Accident History

(A) Liability

Year	E/L Claims			P/L Claims			Products Claims		
	No	Paid	O/S	No	Paid	O/S	No	Paid	O/S
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€
		€	€		€	€		€	€

**(B) Material Damage plus all other covers being proposed for insurance**

Year	No	Type of Claim	Amount Paid	Amount Outstanding
			€	€
			€	€
			€	€
			€	€
			€	€

**GENERAL DETAILS**

CONST OF WALLS	
CONST OF ROOF	
CONST OF FLOORS	
METHOD OF HEATING	
AGE OF ELECTRICS	Years
NO OF FLOORS	
ADJOINING PROPERTY (LEFT)	
ADJOINING PROPERTY (RIGHT)	
SPRINKLERS	No
EXTINGUISHERS	Yes
FIRE ALARM	Yes
NEAREST FIRE STATION	Miles Away
FIRE HYDRANT	
BURGLAR ALARM	No
LINKED TO MONITORING STATION	No
CCTV	Yes/No
ROLLER SHUTTERS	No
SAFETY STATEMENT	Yes

**Additional Information**

--