

**BOAT BUILDERS, BOAT REPAIRERS
and
MISCELLANEOUS MARINE BUSINESS**

Company	.....
Address	...............
	..... Post Code
Telephone	..... Fax No.
Contact name	Position

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.

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:

_____	_____
_____	_____
_____	_____

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 registered for VAT? Yes No

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 not, 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: Please state currency	Estimate for current financial year:	Estimate for next financial year:
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€ _____	€ _____	€ _____
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Please estimate the percentage of 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	_____

Total number of employees _____ 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 _____

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 a NACOSS approved alarm fitted and operational when the premises are left unattended Yes No
 If yes, at which locations;

Is this alarm:- Central Station, REDCARE, ABC or Audible bells or siren only.
 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

Your present Insurer:- _____ **Current Premium:-€** _____

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, **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: 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 7 of our Policy ?

[] Yes [] No

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

.....
.....
.....
.....

Experience in building this type of vessel(s) ? _____

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, trials, 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.

Greenwoods Insurance Brokers Ltd.

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

Overseas destinations - please indicate whether imports or exports

Countries

Total annual value of overseas shipments last year:- € _____

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

Maximum value any one shipment:- € _____

Greenwoods Insurance Brokers Ltd.

Buildings Insurance

	<u> 1 </u>	<u> 2 </u>	<u> 3 </u>
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:-	.....	
New replacement value	€ <u> </u>	€ <u> </u>	€ <u> </u>

	<u> 4 </u>	<u> 5 </u>	<u> 6 </u>
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:-	.....	
New replacement value	€ <u> </u>	€ <u> </u>	€ <u> </u>

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	€ _____
Furniture, fixtures & fittings	€ _____
Stock	€ _____
Goods held in trust	€ _____
Office Equipment	€ _____
Computer Equipment	€ _____
Chandlery	€ _____
Electronic Equipment	€ _____
Wines, Spirits & Cigarettes	€ _____
All other contents (excl. personal property)	€ _____
Other items, please specify	€ _____
			€ _____
Hired in plant for which you are responsible			€ _____
2nd Hand items for re-sale	€ _____
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 and c) total value afloat:-

a) _____ b) _____ c) € _____

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.

Business Interruption Insurance

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

All Sections..... Section No'sonly.

Following:- All Risks or Limited Perils

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

Gross Annual Turnover from of your Business activities as declared under Part A € _____

Estimated Gross Profit for your current year. € _____

Increased Cost of Working € _____

Maximum Indemnity Period _____ **Months**

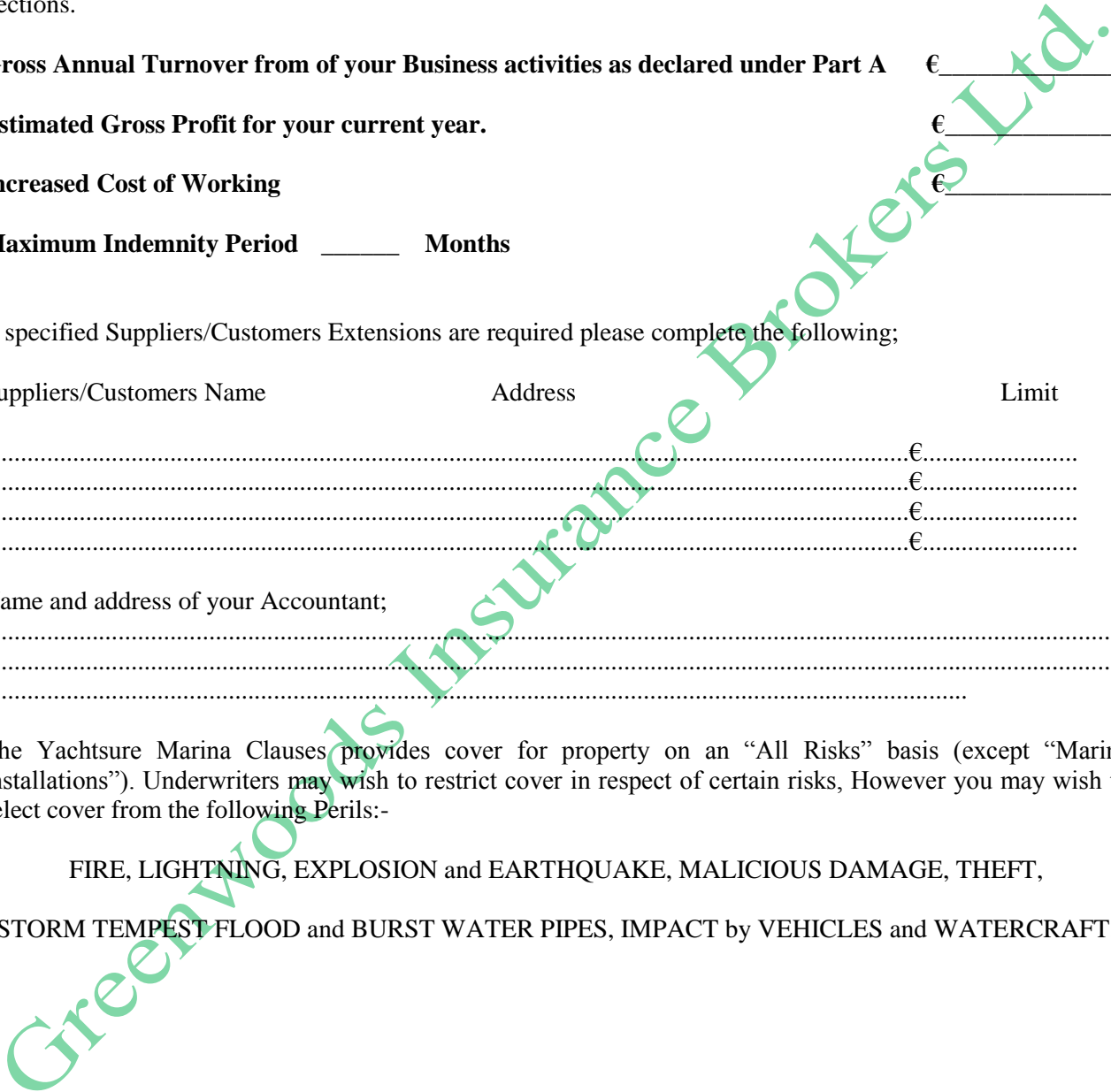
If specified Suppliers/Customers Extensions are required please complete the following;

Suppliers/Customers Name	Address	Limit
.....	€
.....	€
.....	€
.....	€

Name and address of your Accountant;

The Yachtsure Marina Clauses provides cover for property on an “All Risks” basis (except “Marina Installations”). Underwriters may wish to restrict cover in respect of certain risks, However you may wish to select cover from the following Perils:-

- FIRE, LIGHTNING, EXPLOSION and EARTHQUAKE, MALICIOUS DAMAGE, THEFT,
- STORM TEMPEST FLOOD and BURST WATER PIPES, IMPACT by VEHICLES and WATERCRAFT.



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.

Greenwoods Insurance Brokers Ltd.

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

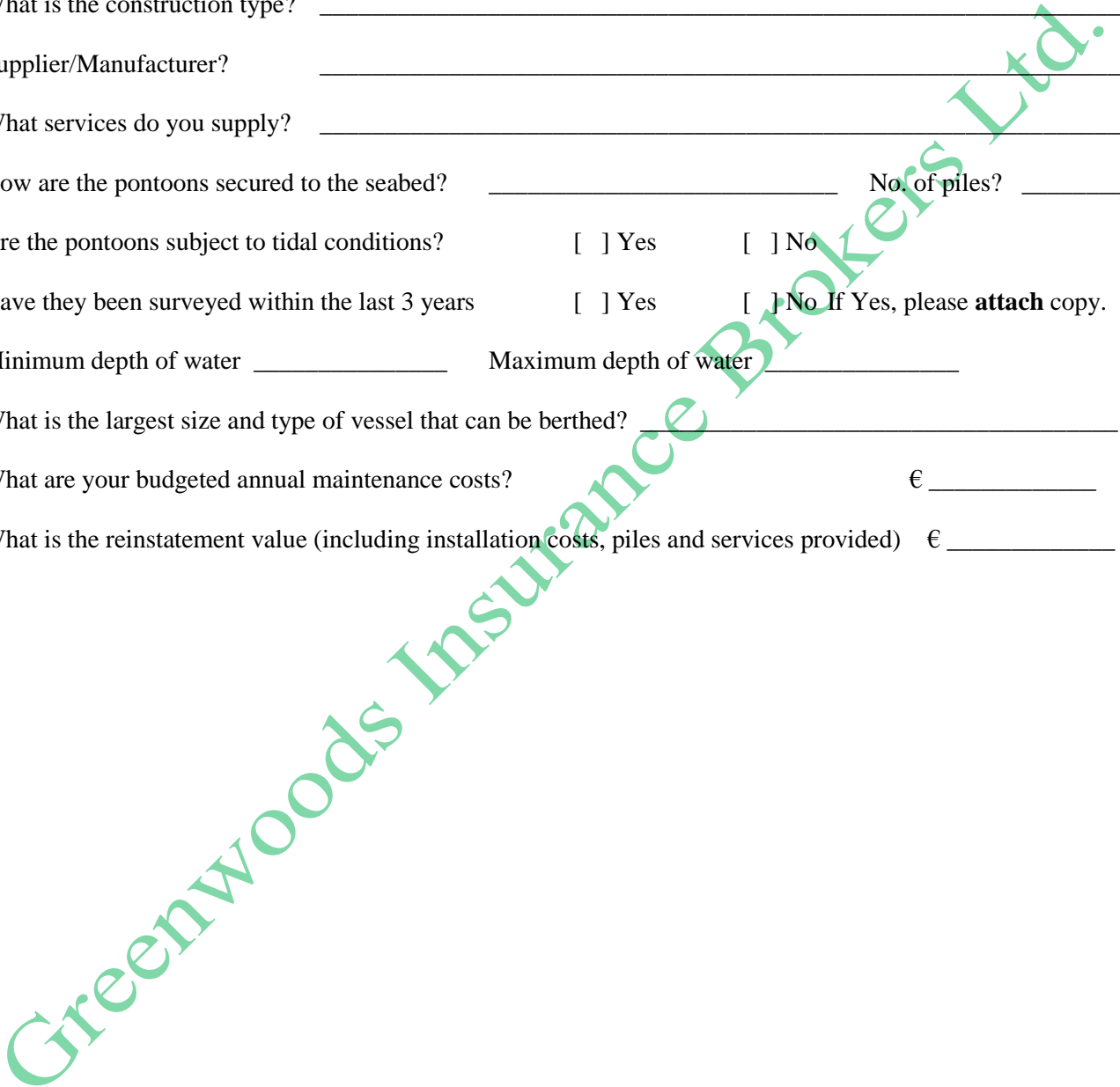
Have they been surveyed within the last 3 years Yes No If Yes, please **attach** copy.

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 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 € _____

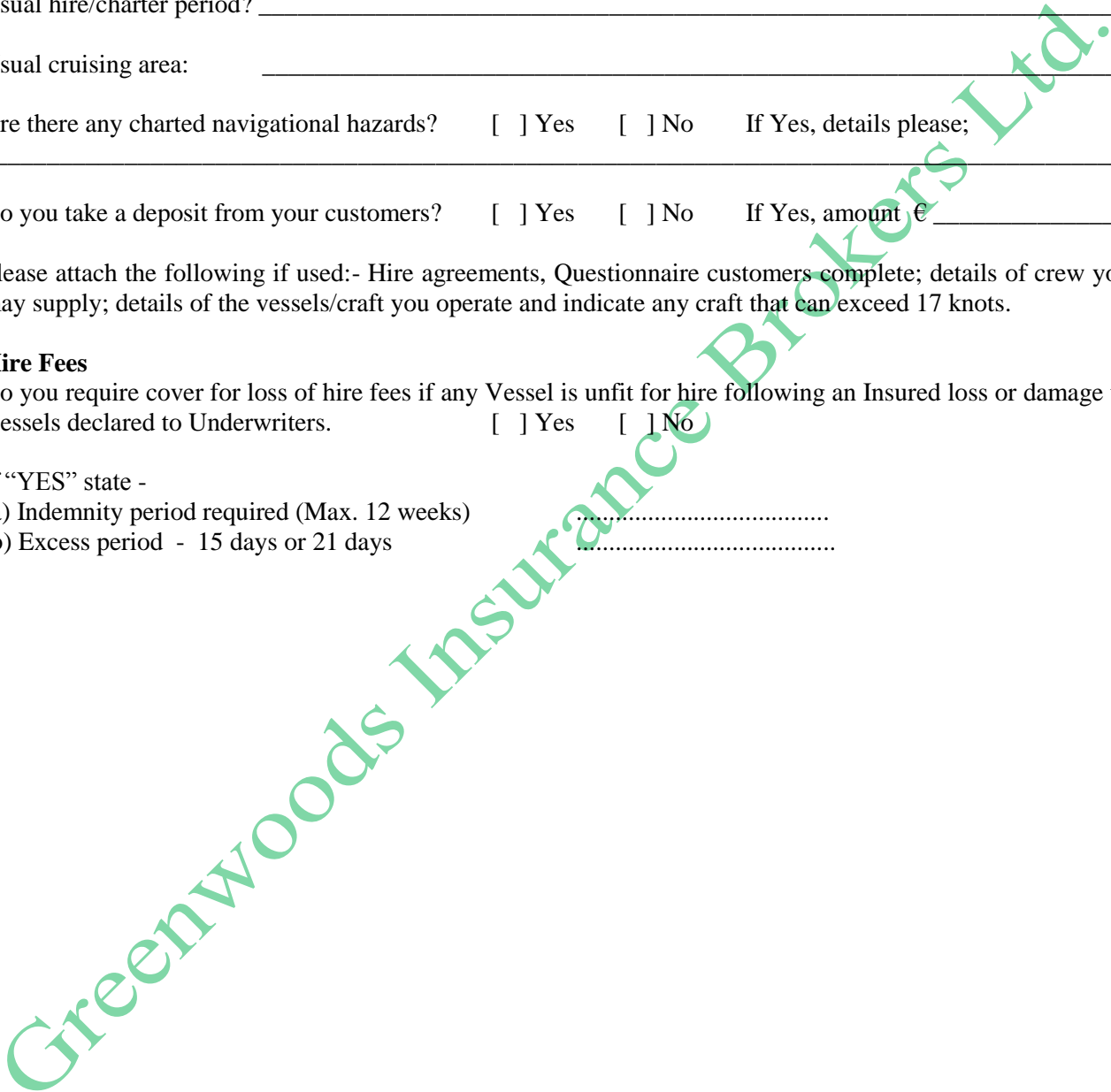
Please attach the following if used:- Hire agreements, Questionnaire customers complete; details of crew you may supply; details of the vessels/craft you operate and indicate any craft that can exceed 17 knots.

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 - 15 days or 21 days



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 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 Underwriting Risk Services.
 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.

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.