

*Application for yacht clubs, sail clubs, marinas, boat dealers, and ship repairers with buildings & assets.
Some supplementary applications may be required as noted.*

Brokerage: _____ Address: _____

Contact: _____ Email: _____ Phone: _____

SECTION 1 – APPLICANT INFORMATION, INSURANCE & CLAIMS HISTORY

Full legal name of insured: _____

Operating name(s): _____

Mailing address: _____

Website: _____

Insured location 1 address: _____

Insured location 2 address: _____

Insured location 3 address: _____

Type of company: Proprietorship Corporation Partnership Joint Venture Non-Profit

(If corporation, outline any other operations of the Named Insured and confirm if there is insurance in place for those operations):

If non-profit, do you have Directors' & Officers' Policy in place? Yes No

Name of principal(s): _____ Position: _____ Years of relevant experience _____

Total number of years in business: _____ Years under current management: _____

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

Are you or the business a member of a trade/professional organization? Yes No

Details: _____

Please advise of any financial or other interested parties & their specified interest: _____

Has insurance ever been declined or cancelled? Yes No

If yes please explain: _____

Previous insurer: _____ Policy number: _____ Expiry date: _____ Expiring premium: _____

LOSS HISTORY

DATE OF LOSS	DESCRIPTION	OPEN/CLOSED	TOTAL PAID OUT	RISK MITIGATION TO AVOID FUTURE LOSSES

Have you or anyone else connected with the management of the business ever been:

- (a) Renewed with specific terms imposed to address previous loss experience or changes in your business activities? Yes No
- (b) Cautioned for or convicted of any criminal offence or has a prosecution pending, other than a motoring offence? Yes No
- (c) Declared bankrupt or been the subject of bankruptcy proceedings or voluntary arrangement? Yes No
- (d) 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 provide details:

SECTION 2 – OPERATIONS INFORMATION & LIABILITY

Background and business description/details of operations - please provide information below:

Does your business have **Standard Trading Terms and Conditions** which form the basis of the Contract with your customers? **If yes, please provide a copy for our records.** Yes No

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

What Liability Limit do you require? \$2,000,000 \$3,000,000 \$5,000,000 Other

Did your company trade profitably last year? If no, please provide a copy of your audited accounts for the last 2 years. Yes No

Do you anticipate that your company will trade in surplus this year? Yes No

ANNUAL REVENUE

Last financial year:

Estimate for current financial year:

Estimate for next financial year:

DECLARATION OF ESTIMATED GROSS RECEIPTS/TURNOVER FOR THE NEXT 12 MONTHS

Boat Moorage / Berthing	\$
Boat Storage	\$
Boat Hauling / Lifting / Moving	\$
Boat Building	\$
Boat Rental / Hire	\$
Boat Sales	\$
Boat Repair	\$
Fuel Sales	\$
Tuition / Sailing School	\$
Chandlery Sales	\$
Parts & Equipment Sales	\$
Manufacturing	\$
Passenger Carrying Vessels	\$
Goods in Transit	\$

(continued on next page...)

Restaurant Food/Drink Sales	\$
USA Sales	\$
Other (*please detail each)	\$
	\$
	\$
TOTAL	\$

Do you require liability cover for Regatta attendance and/or hosting? Yes No

Number of Regattas in total: _____ Number of Overseas Regattas: _____

Navigation Area Required: _____

Maximum length of any vessel that can be moored at your facility: _____

Are there facilities for lifting vessels out of the water? Yes No

Do you supply or sell diesel, gas, or other fuels? Yes No

Please describe how the fuel is stored: _____

Age of the tanks: _____

Are the fuel tanks banded? Yes No

Are there cut-off valves operating between the fuel tanks and fuel pumps? Yes No

Who operates them? _____

Distance from the nearest building, mooring, or pontoon? _____

Do any commercial craft use your facility? Yes No

What percentage of commercial craft _____ % vs _____ % pleasurecraft?

Do you winterize craft for winter storage? Yes No

If yes, please provide details (Outdoor/Indoor, shrink wrapping, etc.): _____

Maximum & average number of vessels that can be stored on land: Maximum: _____ Average: _____

Maximum & average values of vessels stored on land: Maximum: _____ Average: _____

If you repair and/or maintain boats, what is the largest vessel you work on? Size: _____ Value: _____

If you repair and/or maintain boats, what is the average vessel you work on? Size: _____ Value: _____

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

Commercial Craft: _____ % Pleasurecraft: _____ % Yacht/Charter Vessels: _____ %

Type of repair work you carry out? _____

Materials used: GRP Steel Wood Aluminum

Do you carry out work in respect to osmosis treatments? Yes No

Do you carry out work away from your premises? Yes No

If yes, please provide details: _____

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

Are 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 they have their own liability insurance providing full cover for their activities such as boat repair, manufacturing or supply? Yes No

Please advise minimum liability limit your subcontractors are required to have: \$ _____

SECTION 3 – PREMISES

Do you restrict access to members/berth holders only? Yes No

Please provide details of any tenants/sub-lessees and the nature of their activities:

Annual rent receivables: \$ _____

Have your premises or surrounding/local area ever experienced any: Flooding Subsidence Heave
 Landslip Erosion Other severe weather/catastrophes: _____

LOCATION 1:

Occupancy/Use: _____

Perimeter security gated & fenced? Yes No 24-hr on-site security? Yes No Night watchman? Yes No

Operational floodlights? Yes No Operational CCTV system? Yes No

Is the CCTV system: monitored? recording only?

Operational intruder alarm system? Yes No ULC/CSA approved? Yes No

Is the intruder alarm system: live monitoring? sound only?

Make of alarm and company providing maintenance agreement (please enclose a copy): _____

Security measures in place for: external doors windows roller shutters

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

Distance from and location of nearest fire station: _____

LOCATION 2:

Occupancy/Use: _____

Perimeter security gated & fenced? Yes No 24-hr on-site security? Yes No Night watchman? Yes No

Operational floodlights? Yes No Operational CCTV system? Yes No

Is the CCTV system: monitored? recording only?

Operational intruder alarm system? Yes No ULC/CSA approved? Yes No

LOCATION 2: (...continued)

Is the intruder alarm system: live monitoring? sound only?

Make of alarm and company providing maintenance agreement (please enclose a copy):

Security measures in place for: external doors windows roller shutters

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

Distance from and location of nearest fire station:

SECTION 4 – BUILDINGS AND CONTENTS

Is buildings cover required? (If “Yes” please complete the supplementary Buildings Application) Yes No

Is Contents cover required? Yes No

If “Yes” please complete the following:

DESCRIPTION	VALUE	DESCRIPTION	VALUE
Boat Stock	\$	All Other Stock	\$
Parts & Accessories Stock	\$	Machinery & Plant	\$
Furniture, Fixtures & Fittings	\$	Electronic Equipment	\$
Computer Equipment	\$	Goods Held inTrust	\$
Office Equipment	\$	Chandlery	\$
Wines, Spirits & Cigarettes	\$	All Other Contents (Excluding personal property)	\$

Maximum value of stock held at any time over all locations:

Maximum value of any one item of stock:

If stock includes vessels, are any kept afloat at any time? Yes No

If “Yes” please answer the following:

Usual location

Maximum number of vessels afloat at one time:

Maximum value afloat at one time:

Do you use equipment or tools away from the premises? Yes No

If “Yes” please state value and description:

Are flammable products stored in any of the buildings? Yes No

If “Yes” please provide details:

Do you require cover for demonstrating stock vessels?

Yes No

Do you require cover for stock at exhibitions?

Yes No

If “Yes” please answer the following questions:

Number of exhibitions attended annually?

Are all exhibition sites protected by security?

Yes No

Maximum Value of all Vessels Exhibited: _____

Maximum Value of any single vessel: _____

Maximum Estimated Exhibition Expenses: _____

SECTION 5 – MARINE INSTALLATIONS

(Note: If you have a report/valuation which has been completed during the last 5 years, a copy should be attached.)

Type of installation:

Pontoons – Number of berths: _____ Swing Moorings – Number of berths: _____ Other – Number of berths: _____

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

Frequency of maintenance inspections: daily weekly monthly semiannually other _____

If no maintenance program is in place, please advise how defects are fixed and rectified: _____

TYPE	REBUILD VALUE	AGE (YEARS)	CONSTRUCTION TYPE	MANUFACTURER	CONDITION	TOTAL LENGTH	NO. OF SECTIONS
Floating Pontoons	\$						
Fixed Pontoons	\$						

Number of covered slips: _____ Rebuild Value: \$ _____

Number of open slips: _____ Rebuild Value: \$ _____

Winter storage of slips, pontoons, or docks: afloat ashore

How are the pontoons secured to the seabed? _____

Number of piles: _____

Are the pontoons subject to tidal conditions? Yes No

Minimum depth of water: _____ Maximum depth of water _____

Budgeted annual maintenance costs: _____

Reinstatement value including installation costs and services: _____

SECTION 6 – EQUIPMENT

Do you use lifting and/or hauling equipment? Yes No

If "Yes" please complete the section below:

DESCRIPTION, MAKE & MODEL	AGE (YEARS)	LIFTING CAPACITY	DATE OF LAST MAINTENANCE INSPECTION	VALUE (IF PHYSICAL DAMAGE IS REQUIRED)
				\$
				\$
				\$

Frequency of maintenance inspections: daily weekly monthly semiannually other _____

SECTION 7 – OWNED VESSELS

Please complete the following - if more than 6 vessels require cover, please provide full vessel schedule:

YEAR	MAKE/MODEL	HULL ID NUMBER	ENGINE TYPE/YR/ MAKE	ENGINE HP	ENGINE SERIAL NO. (OUTBOARDS)	USAGE	ORIGINAL PURCHASE PRICE	CURRENT VALUE
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

If any of the vessels are stored on land whilst not in use, please provide details of storage and security:

DETAILS OF VESSEL OPERATORS

NAME	DATE OF BIRTH	YEARS EXPERIENCE	LICENSES

Do you require private pleasure use for directors/managers of your company?

Yes No

Please provide percentage of usage for personal use _____ % vs business use _____ % .

Do you provide Charter services for these vessels?

Yes No

If "Yes" please advise: Skipper _____ Bareboat?

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

Note: Please provide charter contract.

SECTION 8 – VESSELS UNDER CONSTRUCTION

How many vessels do you build annually?

Do you build and fit the vessels you sell yourselves?

Yes No

If no, please list hull manufacturer(s):

Do you undertake restoration and/or conversion projects?

Yes No

Please complete the following:

TYPE OF CRAFT	MAXIMUM VALUES AT RISK AT ANY ONE TIME	MAXIMUM VALUES AT RISK ANY ONE VESSEL	LIMIT OF THIRD-PARTY LIABILITY REQUIRED WHILST AFLOAT DURING SEA TRIALS

SECTION 9 – GOODS IN TRANSIT

Usual method of transit: _____

Destinations: _____

	GOODS CARRIED BY YOUR OWN VEHICLES	GOODS CARRIED BY PROFESSIONAL COURIERS' VEHICLES
Annual Total Shipments	\$	\$
Maximum Value (any one Shipment)	\$	\$
Average Value (any one Shipment)	\$	\$
Maximum Distance		
Average Distance		

Overseas Countries: Imports Exports

Total annual value of shipments last year: _____

Estimated total value of shipments for this policy year: _____

Maximum value for one single shipment: _____

SECTION 10 – BUSINESS INTERRUPTION

Estimated Gross Profit for the next 12 months: _____

Indemnity Period Required: 12 months 18 months 24 months Other (please specify) _____

Increased Cost of Working/Extra Expense limit required: _____

Gross Annual Turnover as declared in Section 2: _____

If specified Suppliers/Customers Extensions are required, please complete:

NAME	ADDRESS	LIMIT REQUIRED

Do you employ a professional accountant? Yes No

Name & Address: _____

SECTION 11 – DECLARATION/CONSENT

PLEASE NOTE:

A claim will become invalid and the Insured’s right of recovery is forfeited where:

- (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or
- (b) the insured fails to inform material changes to these facts during the term of the contract;
- (c) the insured contravenes a term of the contract or commits a fraud; or
- (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured’s representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Broker Signature: _____ Date _____

Position: _____ Brokerage: _____

Broker Email: _____