

Marine Trade Enquiry Form



AGENT DETAILS			
Agent			
CLIENT DETAILS			
Policyholder			
Address			
Post Code			
Telephone			
Website			
Year business Established		Number of years of your experience in this industry	
Are you a British Marine (BM) member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business Description			
Is your Business a registered charity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please give your Registration Number
SUBSIDIARY COMPANIES			
Company 1 Name	Post code	Address	
Business Activities			
Company 2 Name	Post code	Address	
Business Activities			
GENERAL INFORMATION			
Have you or anyone connected with the business ever been/had:			
a) cautioned for or convicted of any criminal offence or is any prosecution pending (other than minor motoring offences)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) declared bankrupt or been the subject of bankruptcy proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c) prosecuted or received notice of intended prosecution under any statutory regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d) declined/cancelled or renewed Insurance with special terms imposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e) any Claims within the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CLAIM DETAILS			
Date of Claim	Type of Claim	Value of Claim	Is this claim still open?
			Yes / No
			Yes / No
			Yes / No
HEALTH & SAFETY			
Do you have a written Health and Safety Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you carried out Risk Assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are these Risk Assessments ongoing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are any flammable substances used or stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please give details including amounts, types and method of storage			
Have you carried out a Control of Substances Hazardous to Health (COSHH) assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you or have you handled, used or stored acid's, asbestos, chemicals, gases, explosives, flammables, radio active or other dangerous substances, or any material giving rise to dust or fumes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Your Property at Your Premises

BUILDINGS			
Do you require cover for Buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Construction Category	Standard	Non-Standard	
What type of construction is the Building? (non-standard only)			
Do you require cover for Subsidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SUM INSURED			
Sum Insured; or			
Declared Value % Uplift			
Day One Sum Insured			
First Loss Limit			
Do you require this sum insured to be Index linked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
FIRE PROTECTION			
Does this Building have:			
Fire Extinguishing Appliances fitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the Fire Extinguishing Appliances professionally inspected and maintained annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a fully operational Fire Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
fixed gas or electric heating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'No' please provide details			

Your Property at Your Premises (continued)

SECURITY				
Does this Building have:				
an Intruder Alarm fitted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
What type is your intruder alarm?	Redcare GSM / Redcare / Dual Tech / Digital Communicator / Audible / Other			
If 'Other' please provide details				
Who is the Installer of the alarm?	NSI/SSAIB / Professional Non NSI/SSAIB / Self installed / Other			
Is there an annual maintenance contract in force?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
CCTV?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the CCTV monitored?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Shutters or Grilles?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Anti-Ram Raid Bollards?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
BUILDINGS RELATED ADDITIONAL ITEMS				
Do you wish to add cover for Building related Additional Items?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILS				
Description of Item	Sum Insured	Declared Value	% Uplift	First Loss Limit
Tenants Improvements		10 / 15 / 20 / 25		
		10 / 15 / 20 / 25		
		10 / 15 / 20 / 25		
		10 / 15 / 20 / 25		
LOSS OF RENT				
Do you wish to add cover for Loss of Rent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Indemnity Period (Rent Payable - months)	12 / 24 / 36	Rent Payable (annual limit)		
Indemnity Period (Rent Receivable - months)	12 / 24 / 36	Rent Receivable (annual limit)		
GLASS				
Do you wish to add cover for Glass?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
All External Glass Sum Insured		All Internal Glass Sum Insured		
Shop Front Only Sum Insured		Sanitaryware Sum Insured		
Signs/Blinds Sum Insured				
MARINE INSTALLATIONS				
Do you wish to add cover for Marine Installations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILS				
Description of Item	Sum Insured	Declared Value	% Uplift	First Loss Limit
Floating Pontoons		10 / 15 / 20 / 25		Reinstatement / Indemnity
Fixed Pontoons		10 / 15 / 20 / 25		Reinstatement / Indemnity
Fuel Pontoons		10 / 15 / 20 / 25		Reinstatement / Indemnity
Travel Hoist Bays		10 / 15 / 20 / 25		Reinstatement / Indemnity
Services		10 / 15 / 20 / 25		Reinstatement / Indemnity
Others		10 / 15 / 20 / 25		Reinstatement / Indemnity
BUSINESS EQUIPMENT				
Do you wish to add cover for Business Equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILS				
Description of Item	Sum Insured	Declared Value	% Uplift	First Loss Limit
Business Equipment		10 / 15 / 20 / 25		Reinstatement / Indemnity
Electronic Business Machines		10 / 15 / 20 / 25		Reinstatement / Indemnity
Lifting Equipment/Yard Plant		10 / 15 / 20 / 25		Reinstatement / Indemnity
Moulds & Mould Tools		10 / 15 / 20 / 25		Reinstatement / Indemnity
Gaming Machines		10 / 15 / 20 / 25		Reinstatement / Indemnity
Members Effects		10 / 15 / 20 / 25		Reinstatement / Indemnity
Other		10 / 15 / 20 / 25		Reinstatement / Indemnity
STOCK				
Do you wish to add cover for Stock?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILS				
Description of Stock	Sum Insured			
General Stock				
Chandlery				
Marine Engines				
Clothing				
Electronic Equipment				
Non ferrous Metals				
Wines/Spirits / Tobacco/Cigarettes				
Food/General Provisions				
Fuel				
All Terrain Vehicles				
Other				

Your Property away from Your Premises

PROPERTY AWAY				
Do you wish to add cover for Property Away?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILS				
Description of Item	UK	EU + Switzerland	Worldwide excl USA/Canada	Worldwide incl USA/Canada
Tools				
Laptops				
Stock				
Other				
Exhibition cover				
Other Exhibits				
Stands, Marquees, Furniture, Display Materials, Office Equipment				
Expenses				

Goods In Transit

GOODS IN TRANSIT						
Do you wish to add cover for Goods In Transit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
DETAILS						
Description of Item	No. of vehicles	Geographical Limit	Max Val any one item	Max Val any one load	Annual Sendings	Kept loaded overnight
Your Own Vehicles		UK / EU				Yes / No
Road Carrier/Rail						
Postal Sendings						

Business Interruption

BUSINESS INTERRUPTION				
Do you wish to add cover for Business Interruption?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILS				
Description of Item	Sum Insured	Indemnity Period (months)		
Gross Profit - Declaration Linked		12 / 24 / 36		
Gross Revenue - Declaration Linked		12 / 24 / 36		
Increased Cost of Working		12 / 24 / 36		
Additional Increased Cost of Working		12 / 24 / 36		
Gross Rent Receivable		12 / 24 / 36		
Gross Rent Payable		12 / 24 / 36		
Outstanding Debit Balances		12 / 24 / 36		
EXTENSIONS TO COVER				
DETAILS				
Description of Extension	Sum Insured	Indemnity Period (months)		
Breach of Canal		12 / 24 / 36		
Contract Sites		12 / 24 / 36		
Prevention of Access		12 / 24 / 36		
Exhibition Sites		12 / 24 / 36		
Vermin, Defects in Drains, Murder, Suicide, Food and or Drink Poisoning and Human Notifiable Diseases		12 / 24 / 36		
Patterns		12 / 24 / 36		
Public Utilities		12 / 24 / 36		
Unspecified Customers		12 / 24 / 36		
Unspecified Suppliers		12 / 24 / 36		
Other (please specify)		12 / 24 / 36		
SPECIFIED CUSTOMERS/SUPPLIERS				
DETAILS				
Customer/Supplier Name	Postcode	Address (first line)	Trade	Sum Insured

Loss of Money

LOSS OF MONEY					
Do you wish to add cover for Loss of Money?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
LIMITS					
At Your Premises during business hours	Limit	At Your Premises when closed for business		Limit	
In a Locked Safe		In a Locked Safe			
Not in a Locked Safe		Not in a Locked Safe			
SAFE DETAILS					
Make / Model	Serial Number	Freestanding?	How Fixed	In Alarmed area?	Limit
				Yes / No	
In transit or in bank night safe		Estimated Annual Cash Carrying			
In your home or other authorised Employees:	Limit				
In a Locked Safe					
Not in a Locked Safe					
SAFE DETAILS					
Make / Model	Serial Number	Freestanding?	How Fixed	In Alarmed area?	Limit
At Premises of any of your contract sites during business hours					

Loss of Licence

LOSS OF LICENCE					
Do you wish to add cover for Loss of Licence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Limit of Liability		Indemnity Period (months)		12 / 24 / 36	

Defective Title of Vessels

DEFECTIVE TITLE OF VESSELS					
Do you wish to add cover for Defective Title of Vessels?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Limit of Liability:	Maximum any one Vessel				
	Maximum any one period of Insurance				
Are you a subscriber to Boatmark or equivalent scheme?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you keep accurate written records of all purchase transactions for second hand vessels?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you make all reasonable enquiries available to You to ensure there is good title to any Vessel you are asked to sell and that it is free of any charges?					

Employer's Liability

EMPLOYER'S LIABILITY					
Do you wish to add cover for Employer's Liability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The limit of Indemnity for Employers Liability is £10,000,000			The limit of Indemnity for Terrorism is £5,000,000		
Are you ERN exempt?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide your Employers Reference Number (ERN)					
Do you work at a height above 20 metres above the floor or deck?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' Please state the maximum height you work to		metres			
Are any Employee's exposed to or have they ever been exposed to noise levels in excess of 85db(A)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please give details including precautions taken to prevent impairment of hearing					
WAGES					
Description of Item	UK	EU + Switzerland	Worldwide excl USA/Canada	Worldwide incl USA/Canada	
Boat Builders/Fit Out					
Clerical and Non Manual					
Electrical Engineers					
Instructors					
Manual Directors					
Manual Work Abroad					
Non Manual Directors					
Painters					
Payments to LOSC					
Riggers					
Sailmakers					
Service & Repair					
Shop Assistants/Club Staff					
Valeters					
Volunteers					
Waterbourne					
Woodworking/Welders					
Yard Workers					
All Others (Please Specify)					

Public & Products Liability

COVER					
Do you wish to add cover for Public Liability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Public Liability Limit of Indemnity
Do you wish to add cover for Products Liability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Product Liability Limit of Indemnity
Do you require cover for private & pleasurecraft vessels in your custody and control?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Maximum Length any one Vessel	30 metres				
BUSINESS ACTIVITIES					
Do you:					
carry out any diving activities below a depth of 3 metres?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
work on non-recreational craft?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If 'Yes' Please give details of length and type of Vessels worked on					
deliver vessels by sea for a separate fee?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
or any of your employees install, service, repair or maintain gas appliances and/or storgae cylinders on vessels?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
design or provide specifications, formula or advice for a fee?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
carry our surveys, inspections, valuations or condition reports on vessels for a fee?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
or have you in the past, discharged Trade waste into the atmosphere, sewers, waterways or elsewhere?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
enter any agreement under which liability is assumed for injury or damage for which you would not be liable under statute or law?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
carry out work on Offshore Installations, Tunnels, Bridges, Viaducts, Railways or Railway Installations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
PRODUCTS					
Are you aware of any potentially dangerous defects in any of your goods supplied in the last 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Have you exported goods previously outside the UK?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you have any representation overseas or hold any assets in overseas countries?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
EXTENSIONS					
Do you require cover for Heat Work Away?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you require cover for CPA Hired in Plant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
CPA Hired in Plant Value?					
Do you require cover for exports to North America/Canada?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	North American Turnover
Do you require cover for Tuition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you require cover for Libel and Slander?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
TURNOVER					
DETAILS					
Description	UK	EU + Switzerland	Worldwide excl USA/Canada	Worldwide incl USA/Canada	
Bar/Catering					
Boat Building					
Boat Sales					
Brokerage Fees					
Charter Vessels					
Heat Work Away from Your premises					
Manual Work Abroad Wages					
Manufacture of Marine Equipment					
Membership Fees					
Mooring/Storage/Lay up					
Payments to bona fide sub-contractors					
Rigging					
Sailmaking					
Sale of Chandlery, Engines, Goods & Equipment					
Service & Repair					
Tuition					
Valeting					
Work on Non recreational Craft					
All Others (Please Specify)					

Personal Accident

COVER							
Do you require cover for Personal Accident?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Basis of cover - Accidents of Occupation only							
DETAILS							
Event / Benefit	Individual / Staff?	No. of Staff	Name		Occupation		
Death							
Loss of Limbs/Eyes/Hearing/Speech							
Permanent Total Disablement							
Temporary Total Disablement (per week)							
Temporary Partial Disablement (per week)							
Loss of Index Finger/Thumb							
Loss of any other Finger							
Medical Costs							
Have any of the persons to be insured suffered any accident or any serious illness in the last 5 years?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please give details							
Will any of the persons to be insured travel together by air or sea?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please give details							

Fidelity Guarantee

COVER					
Do you require cover for Fidelity Guarantee?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DETAILS					
Name	Position			Limit of Liability	

Marine

MARINE STOCK							
Do you require cover for Stock of Vessels?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Limit of Indemnity		£3m / £5m / £10m					
Basis of cover (incl UK Road Transit & Exhibitions)							
Standard		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Third Party Only excluding Wreck Removal & Pollution		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Third Party Only including Wreck Removal & Pollution		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
In Commission Period		12 months or	Laid up from (DD/MM)		Laid up to (DD/MM)		
Cruising Range		UK Inland & Coastal Waters UK Brest to Elbe Others (Please provide details)					
STOCK DETAILS							
Type	Total Sum Insured	Max Sum Insured (any one Vessel)					
Stock of Vessels							
Stock of Personal Watercraft							
Stock of Engines							
Stock of Trailers							
Stock of Bogies / Cradles							
Stock of Other Items							
MARINE STOCK - EXTENSIONS							
Do you wish to extend cover to include Private & Pleasurecraft Use?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you require cover for Racing Risks (damage to Masts, Spars & Rigging)?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
RACING RISKS DETAILS							
Vessel name	Racing Risks (damage to Masts, Spars & Rigging)						
Do you require cover for Waterskiing / Towing of Toys?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Marine (continued)

WATERSKIING DETAILS						
Vessel Description	Limit of Indemnity					
Do you require cover for Road Transit outside UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Geographical Limit			
Total Sum Insured any one consignment						
Do you require cover for Exhibitions outside the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
EXHIBITION DETAILS						
Exhibition Attended	Name of Exhibition		Max sum insured this Exhibition	No. of Vessels exhibited		
OWNED VESSELS						
Do you require cover for Owned Vessels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third Party Limit of Indemnity		£3m / £5m / £10m	
OWNED VESSEL DETAILS						
Make/Model - Name	Year built	Construction	Length	Sum Insured	Private & Pleasure Use?	In Commission Period
OWNED VESSELS - EXTENSIONS						
Do you require cover for Racing Risks (damage to Masts, Spars & Rigging)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Masts, Spars & Rigging Sum Insured			
Do you require cover for Road Transit outside UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Geographical Limit			
Do you make any overnight stops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Do you require cover for Exhibitions outside the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
EXHIBITION DETAILS						
Exhibition Attended	Name of Exhibition		Max sum insured this Exhibition	No. of Vessels exhibited		
Do you require cover for Waterskiing / Towing of Toys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limit of Indemnity			
Maximum limit any one period				Weekly Limit		
OWNED MARINE EQUIPMENT						
Do you require cover for Owned Marine Equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third Party Limit of Indemnity			
Basis of cover						
Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Third Party Only excluding Wreck Removal & Pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Third Party Only including Wreck Removal & Pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
EQUIPMENT DETAILS						
Equipment Type	Description of Owned Marine Equipment		Geographical Limit	Sum Insured		
Engines						
Trailers						
Bogies						
Personal Effects						
Vessel contents hired out						
Other						
HIRE FLEET						
Do you require cover for Hire Fleets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third Party Limit of Indemnity			
VESSEL DETAILS						
Vessel Type	Basis of Cover	Cruising Range	Use	P & P Use?	Max No. Passengers	
Number of Vessels						
Total Sum Insured						

Marine (continued)

HIRE FLEET - EXTENSIONS					
Do you require cover for Road Transit outside UK?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Geographical Limit
Maximum Sum Insured any one vessel					
Do you require cover for Loss of Use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Maximum weekly hire rate per any one vessel?
What is your operating period?	From (DD/MM)			To (DD/MM)	

Builders Risks

BUILDERS RISKS					
Do you require cover for Builders Risks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Basis of cover (incl UK Road Transit, Exhibitions, Sea Trials & Deliveries)					
UNSPECIFIED VESSEL DETAILS					
Type of Vessels in build	Max Sum Insured any one item		Max Sum Insured any one time		Max No. vessels in build any one time
SPECIFIED VESSEL DETAILS					
Make/Model	Length	Type of vessel	Sum Insured	Project Start Date	Project End Date

Additional Information

Please provide any further information you feel the Underwriters should be made aware of

Disclaimer

This Enquiry Form is not a formally binding document and therefore does not in any way form part of your client's contract of insurance.

This document is designed to act as an aide memoire for you and is not a substitute for the Statement of Fact. Nor is it considered, in any way, to be a fairpresentation of risk as defined in the Insurance Act 2015.

It is intended to collate salient underwriting information in order for us to assess the risk presented by you and we may require further information once that initial assessment has taken place.

12 August 2016