

Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to: underwritingteam@acisins.com

Company name:	
Company address:	
Full Details of business activities to be Insured	
Website:	Date Company Established:
Details of any Companies you would like added as a Joint Insured on your policy *	
Insured Locations	1.
	2.
	3.
	4.

Have you purchased insurance for the past 5 years for which cover will be provided herein?	Yes	No
If NO, please provide the reason:		
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.		
How many years have you been trading?		
How many years under current management?		

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.		
Have you or anyone else connected with the management of your business had any previous insurance;		
Declined?	Yes	No
Cancelled?	Yes	No
Renewed with specific terms imposed to address previous loss experience or changes in your business activities?	Yes	No
If YES to any of the above, please detail below:		
Have you or anyone else connected with the management of the business that you wish to insure ever been:		
Cautioned for or convicted of any criminal offence or has a prosecution pending, other than motoring offences?	Yes	No
Declared bankrupt or been the subject of bankruptcy proceedings or voluntary arrangement?	Yes	No
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:		
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.		

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



Section A: Combined Third Party Liability Information

What Limit of Liability do you require?					
1,000,000	2,000,000	5,000,000	10,000,000	Other (specify)	
Declaration of estimated gross receipts/turnover for the coming 12 months:					
Boat Mooring/Berthing					
Boat Hauling/Launching					
Boat Repair					
Boat Painting					
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)					
If you require liability cover for Regatta attendance &/or hosting please advise the following:					
Number of Regattas in total					
Number of Overseas Regattas					
Are any subcontractors used in the performance of your business activities to be insured?				Yes	No
If YES, please list which business activities are subcontracted.					
What is the percentage of subcontracted works?				%	
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.					
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	

What is the frequency of maintenance inspections (e.g.; annually/bi-annually)?			
If you supply or sell fuel, please describe how the fuel is stored and whether or not the fuel tanks are banded.			
Are there cut offs valves operating between the fuel tanks and fuel pumps?		Yes	No
If you repair &/or maintain boats, what is the largest vessel you work upon?			
Size			
Value			
If you repair &/or maintain boats, what is the average sized vessel you work upon?			
Size			
Value			
If you repair &/or maintain boats what percentage of you income is in relation to:			
Commercial Craft		%	
Pleasure Craft		%	
Yacht Charter vessels		%	



Section B: Own Property Damage Information

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

Does the premises requiring cover have any of the following?		
Location 1		
Perimeter security gated and fenced?	Yes	No
24-hour on-site security?	Yes	No
Night watchman?	Yes	No
Operational floodlights?	Yes	No
Operational CCTV system?	Yes	No
If YES to any of the above, please detail below:		
Operational Intruder Alarm System?	Yes	No
If YES, is this sound only or live monitoring? Please provide details:		
Operational Fire Detection System?	Yes	No
Operational Sprinkler system?	Yes	No
Other fire extinguishing appliance?		
Are fire extinguishing appliances inspected and maintained annually?	Yes	No
Please state the distance of nearest fire station		

Location 2		
Perimeter security gated and fenced?	Yes	No
24-hour on-site security?	Yes	No
Night watchman?	Yes	No
Operational floodlights?	Yes	No
Operational CCTV system?	Yes	No

If YES to any of the above, please detail below:		
Operation Intruder Alarm system?	Yes	No
If YES, is this sound only or live monitoring? Please provide details:		
Operational Fire Detection System?	Yes	No
Operational Sprinkler system?	Yes	No
Other fire extinguishing appliance?		
Are fire extinguishing appliances inspected and maintained annually?	Yes	No
Please state the distance of nearest fire station		

Location 3		
Perimeter security gated and fenced?	Yes	No
24-hour on-site security?	Yes	No
Night watchman?	Yes	No
Operational floodlights?	Yes	No
Operational CCTV system?	Yes	No
If YES to any of the above, please detail below:		
Operation Intruder Alarm system?	Yes	No
If YES, is this sound only or live monitoring? Please provide details:		
Operational Fire Detection system?	Yes	No
Operational Sprinkler system?	Yes	No
Other fire extinguishing appliances?		
Are fire extinguishing appliances inspected and maintained annually?	Yes	No
Please state the distance of nearest fire station		

Location 4		
Perimeter security gated and fenced?	Yes	No
24-hour on-site security?	Yes	No
Night watchman?	Yes	No
Operational floodlights?	Yes	No
Operational CCTV system?	Yes	No
If YES to any of the above, please detail below:		
Operation Intruder Alarm system?	Yes	No
If YES, is this sound only or live monitoring? Please provide details:		
Operational Fire Detection system?	Yes	No
Operational Sprinkler system?	Yes	No
Other fire extinguishing appliances?		
Are fire extinguishing appliances inspected and maintained annually?	Yes	No
Please state the distance of nearest fire station		



Section C: Buildings & Contents Information

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

Value		
Age		
Use		
Size and construction		
Alarm	Yes	No
Roller Shutters?	Yes	No
Deadlocked doors?	Yes	No
Padlocks?	Yes	No
Basis of Cover required	Replacement Cost	Actual Cash Value
If YES, please provide details		

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 & Fitting	
Boat Stock (afloat)		Electronic Equipment	
Business Tools		Employee Tools	
Equipment		Computer Equipment	
Customer Goods		Other, please describe	
Do you use equipment or tools away from the premises?		Yes	No
If YES, please state value and description			
Do you require Chilled and frozen food extension?		Yes	No
If NO, please skip to the next section			
What is the maximum value of the contents?			

What is value of your freezer/refrigeration units on an actual cash value basis?		
What is the maximum value of the contents?		
Are your freezer/refrigeration units the subject of service or contract?	Yes	No
If YES, please provide full details:		

Section D: Marine Installations Information

Is cover required?	Yes	No			
If YES, please complete the following questions. If NO, please skip to the next section.					
Do you have a detailed an 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.					
Please complete the following:					
Description	Value	Age	Construction	Professionally Built? Give name of the manufacturer	Condition
Floating Pontoons					
Fixed Pontoons					
Breakwaters					
Quays/ Piers					
Piles/ Anchors					
Electrical Installations					
Other, please describe					



Section E: Vessels Under Construction

Is cover required?	Yes	No
If YES, please provide full details:		

How many vessels do you build annually?			
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
Do you undertake restoration and/or conversion projects?		Yes	No
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 F: Own Vessels Cover

Is cover required?	Yes	No

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

Please complete the following (if more than six vessels require cover then please provide a schedule).

[illegible]

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?

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.		

Do you require cover for private pleasure use for Directors/Managers of your company?	Yes	No
If YES, please advise experience of drivers.		

Section G: Own Vessels Cover

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

Cover required			Limit required
During business hours/transit/night safe	Yes	No	
Locked safe outside business hours	Yes	No	
At Director's / Manager's residence	Yes	No	
In vending machines/ car park metres/gaming machines etc	Yes	No	
Other	Yes	No	

Section H: Transit Cover

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

Goods carried by your own vehicles		
	Maximum distance	Average distance
Annual total sending		
Maximum value any one sending		
Average value any one sending		

Goods carried by Professional courier's Vehicles		
	Maximum distance	Average distance
Annual total sending		
Maximum value any one sending		
Average value any one sending		

Section I: Business interruption

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

Estimated gross profit for the next 12 months	
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Indemnity period required:			
12 months	18 months	24 months	Other (please detail) months

Increased cost of working/Extra expense limit required		
Do you require the following Business Interruption extensions?		
Denial of Access	Yes	No
Suppliers' extension	Yes	No
If YES, please advise name and address of supplier(s)		

Failure of Utilities	Yes	No
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Section J: Exhibition Risk

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

Number of exhibitions attended annually		
Are all exhibition sites protected by security personnel?	Yes	No
Value of goods exhibited excluding vessels		
Maximum Value of exhibition stand and equipment		
Maximum estimated exhibition expense		



Declaration and Signature

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.

Name: _____

Signature: _____

Company Stamp:

Date: _____

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In order to comply with our regulatory requirements following the UK's exit from the EU, insurance intermediary activities must be carried out under specific corporate entities for EEA domiciled policy holders and non-EEA domiciled policy holders. For EEA domiciled policy holders, insurance will be administered by Asos Insurance Brokers SmPc t/a ACIS Insurance Services.

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