

AGENT DETAILS				
Agent				
CLIENT DETAILS				
Policyholder				
Address				
Post Code			Email	
Telephone			Fax. No.	
Website				
Year business Established		Number of years of your experience in this industry		
Are you a British Marine Federation (BMF) member?		Yes	No	
Trade Classification				
Business Description				
Is your Business a registered charity?		Yes	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)?		Yes	No	
b) declared bankrupt or been the subject of bankruptcy proceedings?		Yes	No	
c) prosecuted or received notice of intended prosecution under any statutory regulations?		Yes	No	
d) declined/cancelled or renewed Insurance with special terms imposed?		Yes	No	
e) any Claims within the last 5 years?		Yes	No	
CLAIM DETAILS				
Type of Claim	Date of Claim	Value of Claim		Is this claim still open?
HEALTH & SAFETY				
Do you have a written Health and Safety Policy?		Yes	No	
Have you carried out Risk Assessments?		Yes	No	
Are these Risk Assessments ongoing?		Yes	No	
Are any flammable substances used or stored?		Yes	No	
Please give details including amounts, types and method of storage				
Have you carried out a Control of Substances Hazardous to Health (COSHH) assessment?		Yes	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?		Yes	No	

Your Property at Your Premises

BUILDINGS				
Do you require cover for Buildings?		Yes	No	
Construction Category		Standard		Non-Standard
What type of construction is the Building? (non-standard only)				
Do you require cover for Subsidence?		Yes	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?		Yes	No	
FIRE PROTECTION				
Does this Building have:				
Fire Extinguishing Appliances fitted?		Yes	No	
Are the Fire Extinguishing Appliances professionally inspected and maintained annually?		Yes	No	
a fully operational Fire Alarm?		Yes	No	
a fully operational Sprinkler System?		Yes	No	What Edition is your sprinkler system? 28th / 29th / Tank Fed
Please give a description of your sprinkler system				

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					
Please give a description of your intruder alarm						
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		
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"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
DETAILS						
Description of Item	Sum Insured	Declared Value % Uplift	Day One Sum Insured	First Loss Limit		
Tenants Improvements						
LOSS OF RENT						
Do you wish to add cover for Loss of Rent?						
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Indemnity Period (Rent Payable - months)			Rent Payable (annual limit)			
Indemnity Period (Rent Receivable - months)			Rent Receivable (annual limit)			
GLASS						
Do you wish to add cover for Glass?						
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
DETAILS						
Description of Item	Sum Insured	Declared Value % Uplift	Day One Sum Insured	First Loss Limit	Basis of claims settlement (delete as applicable)	
Floating Pontoons					Reinstatement / Indemnity	
Fixed Pontoons					Reinstatement / Indemnity	
Fuel Pontoons					Reinstatement / Indemnity	
Travel Hoist Bays					Reinstatement / Indemnity	
Services					Reinstatement / Indemnity	
Others					Reinstatement / Indemnity	
BUSINESS EQUIPMENT						
Do you wish to add cover for Business Equipment?						
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
DETAILS						
Description of Item	Sum Insured	Declared Value % Uplift	Day One Sum Insured	First Loss Limit	Basis of claims settlement (delete as applicable)	
Business Equipment					Reinstatement / Indemnity	
Electronic Business Machines					Reinstatement / Indemnity	
Lifting Equipment/Yard Plant					Reinstatement / Indemnity	
Moulds & Mould Tools					Reinstatement / Indemnity	
Gaming Machines					Reinstatement / Indemnity	
Members Effects					Reinstatement / Indemnity	
Other					Reinstatement / Indemnity	
STOCK						
Do you wish to add cover for Stock?						
<input type="checkbox"/>	<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?			Yes		No	
DETAILS						
Description of Item	UK	EU	EU + Switzerland	Worldwide excl USA/Canada	Worldwide incl USA/Canada	
Tools						
Laptops						
Stock						
Other Exhibits						
Stands, Marquees, Furniture, Display Materials, Office Equipment						
Expenses						
Other						

Goods In Transit

GOODS IN TRANSIT						
Do you wish to add cover for Goods In Transit?			Yes		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						
Road Carrier/Rail						
Postal Sendings						

Business Interruption

BUSINESS INTERRUPTION			
Do you wish to add cover for Business Interruption?		Yes	No
DETAILS			
Description of Item	Sum Insured	Indemnity Period	
Gross Profit - Declaration Linked			
Gross Revenue - Declaration Linked			
Increased Cost of Working			
Additional Increased Cost of Working			
Gross Rent Receivable			
Gross Rent Payable			
Outstanding Debt Balances			

EXTENSIONS TO COVER			
DETAILS			
Description of Extension	Sum Insured	Indemnity Period	
Breach of Canal			
Contract Sites			
Prevention of Access			
Exhibition Sites			
Vermin, Defects in Drains, Murder, Suicide, Food and or Drink Poisoning and Human Notifiable Diseases			
Patterns			
Public Utilities			
Unspecified Customers			
Unspecified Suppliers			
Other			

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?		Yes	No			
LIMITS						
At the Premises during business hours		Limit	At the Premises when closed for business		Limit	
In a Locked Safe or Strong Room			In a Locked Safe or Strong Room			
Not in a Locked Safe or Strong Room			Not in a Locked Safe or Strong Room			
SAFE DETAILS						
Make / Model		Serial Number	Freestanding?	How Fixed	In Alarmed area?	Limit
At Premises of any of your contract sites during business hours			Clothing and Personal Effects			
In your home or other authorised Employees:		Limit				
In a Locked Safe or Strong Room						
Not in a Locked Safe or Strong Room						
SAFE DETAILS						
Make / Model		Serial Number	Freestanding?	How Fixed	In Alarmed area?	Limit
In transit or in bank night safe			Estimated Annual Cash Carryings			

Loss of Licence

LOSS OF LICENCE			
Do you wish to add cover for Loss of Licence?		Yes	No
Limit of Liability		Indemnity Period	

Defective Title of Vessels

DEFECTIVE TITLE OF VESSELS				
Do you wish to add cover for Defective Title of Vessels?		Yes	No	
Limit of Liability				
Are you a subscriber to Boatmark or equivalent scheme?		Yes	No	
Do you keep accurate written records of all purchase transactions for second hand vessels?		Yes	No	
What steps do you take to make sure 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?		Yes	No			
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?		Yes	No			
Do you have an Employers Reference Number (ERN)?		Yes	No	Please provide your Employers Reference Number (ERN)		
Do you work at a height above 20 metres above the floor or deck?				Yes	No	
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)				Yes	No	
Please give details including precautions taken to prevent impairment of hearing						
WAGES						
Description of Item	UK	EU	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						

Public & Products Liability

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

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?	Name	Occupation	No. of Staff		
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 (other than trivial) 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
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?				Yes		No	Geographical Limit		
Total Sum Insured any one consignment									
Do you require cover for Exhibitions outside the UK?				Yes		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?				Yes		No	Third Party Limit of Indemnity		
OWNED VESSEL DETAILS									
Make/Model - Name		Year built	Construction	Length	Sum Insured	P & P Use?	In Commission Period		
OWNED VESSELS - EXTENSIONS									
Do you require cover for Racing Risks (damage to Masts, Spars & Rigging)?				Yes		No	Masts, Spars & Rigging Sum Insured		
Do you require cover for Road Transit outside UK?				Yes		No	Geographical Limit		
Do you make any overnight stops?				Yes		No			
Do you require cover for Exhibitions outside the UK?				Yes		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?				Yes		No	Limit of Indemnity		
Do you require cover for Loss of Use?				Yes		No	Yes		No
Maximum limit any one period								Weekly Limit	
OWNED MARINE EQUIPMENT									
Do you require cover for Owned Marine Equipment?				Yes		No	Third Party Limit of Indemnity		
Basis of cover									
Standard				Yes		No			
Third Party Only excluding Wreck Removal & Pollution				Yes		No			
Third Party Only including Wreck Removal & Pollution				Yes		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?				Yes		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									
Sum Insured									

