# Trafalgar Marine Trades

Application Form

# Important Notice

It is important that you complete this form as fully and as accurately as possible to the best of your current knowledge in order that we can provide you with accurate terms. Please note that the information provided herein will be used in underwriting and setting the terms and conditions of your insurance policy should one be issued. Please therefore bear in mind that coverage may be declined, the policy cancelled or terms amended at our discretion should information be found to be inaccurate.

# General Information

1. (a) Name of Company (insured)

(b) Principal Address

(d) Full details of business activities to be Insured

(i) Please provide website details and confirm whether you have a social media platform for your business

1. (a) Insured location 1
2. Insured location 2
3. Insured location 3
4. Insured location 4
5. (a) Have you purchased insurance for the past 5 years for which cover will

be provided herein? Yes No

If NO, provide the reason:

1. 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.

1. How many years have you been trading?
2. How many years under current management?
3. 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.

1. Have you or anyone else connected with the management of your business had any previous insurance;
   1. Declined? Yes No
   2. Cancelled? Yes No
   3. 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:

1. Have you or anyone else connected with the management of the business that you wish to insure ever been:

|  |  |  |
| --- | --- | --- |
| (i) Cautioned for or convicted of any criminal offence or has a prosecution pending, other than motoring offences? | Yes | No |
| (ii) Declared bankrupt or been the subject of bankruptcy proceedings or voluntary arrangement? | Yes | No |
| (iii) 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:

|  |  |  |
| --- | --- | --- |
| (h) 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. |  |  |
| (i) Is a copy of the Terms and Conditions provided to all customers prior to commencement of your services? | Yes | No |
| (j) Currency of the policy (to be maintained throughout the completion of this form) |

**Section A - Employers Liability**

|  |  |
| --- | --- |
| Please circle/state the limits of indemnity required for:   1. Employers Liability | a. £10m |

|  |  |
| --- | --- |
| Please estimate the following for the period  of insurance proposed:  Clerical and Managerial (non Manual):  Manual staff working on premises only (please describe)   * Height Work * Woodworking   Staff working away from premises (please describe)   * Heat Work   Gross turnover: U.K.  Europe  Elsewhere | **Estimated Wages and other earnings**  £  £  £  £  £  £  £  £ Turnover £  £  £ |

Claims experience during past Five Years:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employers Liability (inc entries in your accident book) | | | | | | | | | |
|  | | | | Claims | | | | | |
|  | | | | Paid | | Outstanding | | Total | |
| Year | Total Wages | | Accident Book  No | No | Amount | No | Amount | No | Amount |
|  |  | |  |  |  |  |  |  |  |
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| --- | --- |
| Please provide full particulars of any of  the following used by your business   1. Woodworking machinery 2. Other power-driven machinery 3. Lifts, cranes, hoists or the like | Yes/No |

|  |  |
| --- | --- |
| 1. Are your ways, works, machinery, and plant properly fenced, guarded and in good order and condition?   If not, please specify with explanations. | Yes/No |

|  |  |
| --- | --- |
| 1. Do any of your employees work on or visit: 2. Offshore installations? 3. Ships, other water-borne vessels and/or aircraft?   If so please provide full details. | Yes/No  Yes/No |

|  |  |
| --- | --- |
| 1. Do any of your employees work overseas?   If so please provide full details. | Yes/No |

|  |  |
| --- | --- |
| 1. Do any of your employees work away apart from collection/delivery?   If so please provide full details. | Yes/No |

|  |  |
| --- | --- |
| 1. Please state maximum height/number of stories worked at by any manual employees. 2. Please state maximum weight of any   products manufactured/worked upon. | Yes/No |

|  |  |
| --- | --- |
| Are any of your employees exposed to noise levels above 85db?  If so what provisions are made to protect employees? | Yes/No |

|  |  |
| --- | --- |
| 17. Are any of your employees exposed to chemicals or other toxic or carcinogenic substances which are known to be associated with conditions such as dermatitis, cancer, asbestosis or respiratory problems etc.?  If so please provide full details (including any preventative measures taken.) | Yes/No |

|  |  |
| --- | --- |
| 18. \* Have any of your employees complained of repetitive strain injury or pain in their upper limbs?  If so please provide full details (including any preventative measures taken) | Yes/No |

\* Please complete the attached Questionnaire even if answer was “No”

|  |  |
| --- | --- |
| 19.\* Have any of your employees complained of stress ?  If so please provide full details (including any preventative measures taken) | Yes/No |

\* Please complete the attached Questionnaire even if answer was “No”

|  |  |
| --- | --- |
| Do you permit smoking at work?  If so where? | Yes/No |

|  |  |  |
| --- | --- | --- |
| Do you have a written H & S Policy  Does it cover:  Risk Assessments  COSHH Assessments  Personal Protective Equipment  Manual Handling  Staff/Induction Training  Workplace Inspections  Are you complying with and will you continue to be able to comply with the EC 1992 directives on Health and Safety at Work (‘Six Pack’)?  If not, please give full details of your proposed program of implementation.  Are you aware of the Control of Asbestos at Work Regulations 2002?  Do you own or occupy any buildings that were built before 1986?  Are you complying with the requirements of the Control of Asbestos at Work Regulations 2002?    If yes, summarise the action that you are taking: | Y | N |

# Section B: Combined Third Party Liability Information

1. What Limit of Liability do you require?

1,000,000 2,000,000 5,000,000 10,000,000 Other (specify)

1. Declaration of estimated gross receipts/turnover for the coming 12 months:

|  |  |
| --- | --- |
| Boat Mooring/Berthing |  |
| Boat Hauling/Launching |  |
| Boat Repair |  |
| 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) |  |

1. If you require liability cover for Regatta attendance &/or hosting please advise the following:
   1. Number of Regattas in total
   2. Number of Overseas Regattas
2. 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.
3. What is the percentage of subcontracted works?

%

1. 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.

1. 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 | Lifting | Date of the |
|  |  | completed | Capacity | last |
|  |  | only if Physical |  | maintenance |
|  |  | Damage cover |  | inspection |
|  |  | is required for |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. What is the frequency of maintenance inspections (e.g.; annually/bi-annually)?
2. (a) If you supply or sell fuel, please describe how the fuel is stored and whether or not the fuel tanks are banded.

(b) Are there cut offs valves operating between the fuel tanks and fuel pumps? Yes No

1. (a) If you repair &/or maintain boats, what is the largest vessel you work upon?
2. Size
3. Value
4. If you repair &/or maintain boats, what is the average sized vessel you work upon?
   1. Size
   2. Value
5. If you repair &/or maintain boats what percentage of your income is in relation to:
   1. Commercial Craft

%

* 1. Pleasure Craft

%

* 1. Yacht Charter vessels

%

# Section D: Own Property Damage Information

|  |  |  |
| --- | --- | --- |
| 1. Is cover required? | Yes | No |
| If YES, please complete the following questions. If NO, please skip to the next section. |  |  |
| 2. Does the premises requiring cover have any of the following: |  |  |
| **Location 1** |  |  |
| (a) Perimeter security gated and fenced? | Yes | No |
| (b) 24 hour on site security? | Yes | No |
| (c) Night watchman? | Yes | No |
| (d) Operational floodlights? | Yes | No |
| (e) Operational CCTV system? | Yes | No |
| If YES, is this monitored or recording only? Please provide details: |  |  |

(f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| (g)  (h) | Operational Fire Detection system?  Operational Sprinkler system? | Yes  Yes | No  No |
| (i) | Other fire extinguishing appliances? |  |  |
| (j) | Are fire extinguishing appliances inspected and maintained annually? | Yes | No |
| (k) | Please state the distance of nearest fire station |  |  |

**Location 2**

|  |  |  |
| --- | --- | --- |
| (a) Perimeter security gated and fenced? | Yes | No |
| (b) 24 hour on site security? | Yes | No |
| (c) Night watchman? | Yes | No |
| (d) Operational floodlights? | Yes | No |
| (e) Operational CCTV system? | Yes | No |
| If YES, is this monitored or recording only? Please provide details: |  |  |

(f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| (g)  (h) | Operational Fire Detection system?  Operational Sprinkler system? | Yes  Yes | No  No |
| (i) | Other fire extinguishing appliances? |  |  |
| (j) | Are fire extinguishing appliances inspected and maintained annually? | Yes | No |
| (k) | Please state the distance of nearest fire station |  |  |
| **Location 3** | | | |
| (a) Perimeter security gated and fenced? | | Yes | No |
| (b) 24 hour on site security? | | Yes | No |
| (c) Night watchman? | | Yes | No |
| (d) Operational floodlights? | | Yes | No |
| (e) Operational CCTV system?  If YES, is this monitored or recording only? Please provide details: | | Yes | No |

(f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| (g)  (h) | Operational Fire Detection system?  Operational Sprinkler system? | Yes  Yes | No  No |
| (i) | Other fire extinguishing appliances? |  |  |
| (j) | Are fire extinguishing appliances inspected and maintained annually? | Yes | No |
| (k) | Please state the distance of nearest fire station |  |  |
| **Location 4** | | | |
| (a) Perimeter security gated and fenced? | | Yes | No |
| (b) 24 hour on site security? | | Yes | No |
| (c) Night watchman? | | Yes | No |
| (d) Operational floodlights? | | Yes | No |
| (e) Operational CCTV system?  If YES, is this monitored or recording only? Please provide details: | | Yes | No |

(f) Operational Intruder Alarm system? Yes No

If YES, is this sound only or live monitoring? Please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| (g)  (h) | Operational Fire Detection system?  Operational Sprinkler system? | Yes  Yes | No  No |
| (i) | Other fire extinguishing appliances? |  |  |
| (j) | Are fire extinguishing appliances inspected and maintained annually? | Yes | No |
| (k) | Please state the distance of nearest fire station |  |  |

# Section D : Buildings & Contents Information

1. Is buildings cover required? Yes No

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

1. (a) Value
2. Age
3. Use
4. Size and construction

|  |  |  |  |
| --- | --- | --- | --- |
| (e) | Alarm | Yes | No |
| (f) | Roller Shutters? | Yes | No |
| (g) | Deadlocked doors? | Yes | No |
| (h) | Padlocks? | Yes | No |

(i) Basis of Cover required Replacement Cost

(j) Located in an area where there is history of or high risk of flooding? If YES, please provide details

Actual Cash Value

Yes No

1. (a) 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 & Fittings |  |
| Boat Stock (afloat) |  | Electronic Equipment |  |
| Business Tools |  | Employee Tools |  |
| Equipment |  | Computer Equipment |  |
| Customer Goods |  | Other, please describe. |  |

1. Do you use equipment or tools away from the premises? Yes No If YES, please state value and description
2. Do you require Chilled and Frozen Food Extension? Yes No If NO, please skip to the next section
   1. What is the maximum value of the contents?
   2. What is value of your freezer/refrigeration units on an actual cash value basis?
   3. What is the maximum value of the contents?
   4. Are your freezer/refrigeration units the subject of service or contract? Yes No If YES, please provide full details:

# Section E : Marine Installations Information

|  |  |  |
| --- | --- | --- |
| 1. Is cover required? | Yes | No |
| If YES, please complete the following questions. If NO, please skip to the next section. |  |  |
| 2. (a) Do you have a detailed and 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. |  |  |

(b) Please complete the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | Value | Age | Construction | Professionally built? Give name of manufacturer | Condition |
| Floating pontoons |  |  |  |  |  |
| Fixed pontoons |  |  |  |  |  |
| Breakwaters |  |  |  |  |  |
| Quays/Piers |  |  |  |  |  |
| Piles/Anchors |  |  |  |  |  |
| Electrical Installations |  |  |  |  |  |
| Other, please describe. |  |  |  |  |  |

# Section E4: Vessels Under Construction

1. Is cover required? Yes No

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

1. (a) How many vessels do you build annually?

|  |  |  |
| --- | --- | --- |
| (c) 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 |
| (d) Do you undertake restoration and/or conversion projects? | Yes | No |
| (b) 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 E1: Own Vessels Cover

1. Is cover required? Yes No

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Craft (Make/Model) | Engine Make/Model and total horsepower | Value | Age | Use | Limit of Third Party Liability required whilst afloat |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

1. 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?.
2. Do you provide Charter services for these vessels? Yes No

If YES please advise Skipper or Bareboat? Skipper

If Bareboat please advise your minimum requirements surrounding the qualifications and experience of the driver.

Bareboat

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

# Section E1: Own Vessels Cover

1. Is cover required? Yes No

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

1. Cover required Limit required

|  |  |  |
| --- | --- | --- |
| (a) During business hours/transit/night safe | Yes | No |
| (b) Locked safe outside business hours | Yes | No |
| (c) At Director’s/Manager’s residence | Yes | No |
| (d) In vending machines/car park metres/gaming machines etc. | Yes | No |
| (e) Other | Yes | No |

# Section D3: Transit cover

1. Is cover required? Yes No

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

1. (a) Goods carried by your own vehicles

|  |  |  |
| --- | --- | --- |
|  | Maximum distance | Average distance |
| Annual total spending |  |  |
| Maximum value any one sending |  |  |
| Average value any one sending |  |  |

(b) Goods carried by Professional Courier’s Vehicles

|  |  |  |
| --- | --- | --- |
|  | Maximum distance | Average distance |

|  |  |  |
| --- | --- | --- |
| Annual total spending |  |  |
| Maximum value any one sending |  |  |
| Average value any one sending |  |  |

# Section F1: Business interruption

1. Is cover required? Yes No

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

1. (a) Estimated gross profit for the next 12 months

(b) Indemnity period required:

12 months 18 months 24 months Other (please detail)

months

|  |  |  |
| --- | --- | --- |
| (c) Increased Cost of Working/Extra Expense limit required |  |  |
| (d) Do you require the following Business Interruption Extensions?  (iv) Denial of Access | Yes | No |
| (iv) Suppliers Extension  If YES, please advise name and address of supplier(s) | Yes | No |

(iv) Failure of Utilities Yes No

# Section D4: Exhibition Risk

1. Is cover required? Yes No

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. | (a) | Number of exhibitions attended annually |  |  | |
|  | (b) | Are all exhibition sites protected by security personnel? |  | Yes | No |
|  | (c) | Value of Goods Exhibited excluding vessels |  |  |  |
|  |  |  |  |  |  |
|  | (d) | Value of vessels exhibited (if applicable) |  |  |  |
|  |  |  |  |  |  |
|  | (e) | Maximum Value of exhibition stand and equipment |  |  |  |
|  |  |  |  |  |  |
|  | (f) | Maximum estimated exhibition expense |  |  |  |

# Declaration

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.

**Signed\***

**Name**

**Company position**

**Date**

\*the signatory should be a director or senior officer of

, or a partner of, the Company.