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**MARINE TRADERS
COMMERCIAL COMBINED
PROPOSAL FORM**

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MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. NOTE only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Correspondence address - line 1

3. Correspondence address - line 2

4. Town
5. County
6. Postcode

7. Telephone number
8. Email

9. Does the business have an ERN exemption? Yes No 10. If "No" provide ERN

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

11. Full business description (if you have a brochure or company literature, please attach them to this form)

12. Date commenced trading

13. Is the business VAT registered? Yes No

14. If a new venture please provide details (on the Additional Information page) at the end of this form of experience of directors, principals, partners or management in business of this type specifying any professional qualifications.

15. Please provide details of all additional interests in property (on the Additional Information page) and state if interest is to be noted.

CURRENT INSURANCE ARRANGEMENTS

16. Insurer

17. Broker

18. Premium
19. Renewal date

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

20. Please provide details of any professional or trade associations you are affiliated to
21. Has any part of the current or any historic policy been written on a claims made basis? If so please provide details including retroactive dates

BUSINESS DETAILS

22. Has the business changed name in the last 5 years? If "Yes" provide FULL details of all previous names below Yes No
23. Address of premises to be insured if different from correspondence address
(PLEASE NOTE A SEPARATE PROPOSAL FORM MUST BE COMPLETED FOR EACH RISK ADDRESS TO BE COVERED)
24. Risk address - line 1
25. Risk address - line 2
26. Town 27. County 28. Postcode
29. How long have you traded from this address? elsewhere?

COVER REQUIRED

30. Please tick the relevant box for cover required.
- | | | |
|--------------------|---------------------|-----------------------|
| Material Damage | Glass | Goods-in-transit |
| Exhibitions | Money | Business Interruption |
| Book Debts | Employers Liability | Public Liability |
| Products Liability | Marine Vessels | Marine Builders Risks |

PROPERTY DESCRIPTION

31. What is the construction for the following aspects of the building?
- a. Walls
 - b. Floors
 - c. Roof(s)
 - d. Staircase(s)
32. What is the approximate age of the premises?
33. Is the building Grade 1 or Grade 2 Listed? Yes No If "Yes" is it? Grade 1 Grade 2

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

- | | | | |
|---|----------------------|-----|---------|
| 34. Number of storeys? | Is there a basement? | Yes | No |
| 35. Is the heating solely by means of mains electricity or gas? | | Yes | No |
| 36. Is the premises entirely self-contained with its own means of access?
If "No" please provide details | | Yes | No |
| 37. Is the premises normally occupied by you at night? | | Yes | No |
| 38. Do you run machinery unattended? | | Yes | No |
| 39. What are the hours of operation at the risk? | Weekdays | | Weekend |
| 40. Are you the owner of the premises at the risk address?
If "No" state the landlord below | | Yes | No |
| 41. Are the premises in a good state of repair and is all plant and machinery in good order? | | Yes | No |
| 42. Are the premises detached and separated from any adjoining premises? | | Yes | No |
| 43. a. Do you occupy the whole of the premises?
If "No" what parts do you occupy and not occupy? | | Yes | No |
| b. Are you the sole occupier or tenant of the buildings at the premises?
If "No" provide full details of other occupants below | | Yes | No |
| Other occupant 1 | Trade | | |
| Other occupant 2 | Trade | | |
| Other occupant 3 | Trade | | |
| 44. If the premises is let to a tenant please confirm if a tenancy agreement is in force | | Yes | No |
| 45. Is there a recorded Portable Appliance Testing (PAT) protocol in force? | | Yes | No |
| 46. Is your plant and machinery maintained in accordance with manufacturer's guidelines?
If "No" provide details below | | Yes | No |
| 47. Is your plant and machinery maintained under an annual maintenance contract? | | Yes | No |
| 48. Are formal maintenance records kept? | | Yes | No |
| 49. What processes or machinery are used on the premises? | | | |
| 50. Provide details of any application of heat involved on the premises. | | | |

FIRE AND FLOOD ASSESSMENT

- | | | | |
|--|--|-----|----|
| 51. Are flammable liquids or hazardous chemicals used or stored?
If "Yes" provide details below | | Yes | No |
| 52. Do you store pyrotechnics in the building? | | Yes | No |
| 53. Have you carried out a fire risk assessment within the last 12 months?
If "No" please explain why not | | Yes | No |

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

54. Are the buildings fitted with fire detection or fire alarms systems? Yes No
55. a. Installer
 b. Trade Association/Membership (i.e. BAFA SP203 or LPS1014)
56. Confirm:
 a. the type of signalling of the fire detection & alarm system
 Audible only Digital communicator (Digicom) RedCare Dualcom Other – (e.g. Emizon)
- b. detail below the ARC response protocol (not applicable to audible only) i.e. key holder or Fire & Rescue Service (FRS) or other
57. Is the fire alarm maintained by an LPS 1014 or BAFA SP203 approved company or otherwise in accordance with BS5839 Part 1 2002? Yes No
58. a. Do you have a current Institute of Electrical Engineers Certificate? Yes No
 b. When were the electrics last checked?
59. How far is the premises from a full time fire station?
60. Is there a sprinkler system installed? Yes No If "Yes" what edition?
 a. What other fire extinguishing appliances do you have?
 b. Are they professionally inspected and maintained annually? Yes No
61. Is the property and other property in the area free from flooding? Yes No
 If "No" provide full details below
62. What is the distance of the nearest river, stream, reservoir or lake to the property to be insured?
63. Is stock stored at least 15 cm clear of the floor level?

SECURITY ARRANGEMENTS

64. a. Is an approved intruder alarm fitted at the premises? Yes No
 b. Confirm name of installer Registered NSI SSAIB
65. a. Confirm the type of signalling on the intruder alarm and attach a copy of the installers specification Attached
 Audible only Digital communicator (Digicom) RedCare Dualcom Other – (e.g. Emizon)
- b. What is the police level response? Level 1 Level 2 (Scotland only) Level 3
- c. Is the alarm operational when the premises are left unattended? Yes No
- d. Does the alarm protect the whole premises? Yes No
- e. Have there been any false alarms in the last twelve months? Yes No

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

If "Yes" provide details below

- | | | | | | | | |
|---|-----|----|-----------|----------|--------------|-----|----|
| 66. Is the intruder alarm maintained under a contract with the installer and will the contract remain in force during the term of this insurance? | | | | | | Yes | No |
| 67. How far is the premises from a full time police station? | | | | | | | |
| 68. Are all doors fitted with 5 lever mortice dead locks? | | | | | | Yes | No |
| 69. Are shutters or grilles fitted?
Detail below | | | | | | Yes | No |
| 70. Are the premises fitted with Closed Circuit Television? | Yes | No | Monitored | Recorded | Loudspeakers | | |
| 71. a. Are the premises unoccupied during the day? | | | | | | Yes | No |
| b. If "Yes", please provide details | | | | | | | |
| 72. Are the premises occupied overnight?
If "Yes" provide details below by whom | | | | | | Yes | No |
| 73. a. Are the premises patrolled by a security firm? | | | | | | Yes | No |
| b. If "Yes", how frequent are the patrol | | | | | | | |
| 74. Are all keys to final exit door(s), safes and alarms removed from the premises when closed for business? | | | | | | Yes | No |

GLASS (PLEASE COMPLETE IF COVER IS REQUIRED)

- | | | | | | | | |
|--|--|--|--|--|--|-----|----|
| 75. Is any glass armoured, bandit, bent, fancy, etched, ornamental, special or stained or are there any designs or re-staining on the glass? | | | | | | Yes | No |
| 76. Do you wish to extend the cover to include signs?
If "Yes", please provide details of signs requiring cover below. | | | | | | Yes | No |

GOODS-IN-TRANSIT (PLEASE COMPLETE IF COVER IS REQUIRED)

- | | | | | | | | |
|--|--|--|--|--|--|-----|----|
| 77. Are your vehicles fitted with alarms, immobilisers or other protective devices?
If "Yes", please provide details. | | | | | | Yes | No |
|--|--|--|--|--|--|-----|----|

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

78. Please provide details of security arrangements employed by you and state what precautions you take to protect goods when carried in vehicles left unattended.

79. Do you leave vehicles loaded overnight? Yes No
If "Yes", provide details.

EXHIBITIONS (PLEASE COMPLETE IF COVER IS REQUIRED)

80. How many exhibitions do you attend. Please provide name & location of those that you normally attend?

81. Are all exhibition sites controlled by security personnel on a 24 hour basis? Yes No
If "No", provide details.

82. Specify the average amount of money expended by you for exhibitions including exhibition costs and advertising. £

83. Do you require cover for property/vessels whilst being demonstrated? Yes No

BOOK DEBTS (PLEASE COMPLETE IF REQUIRED)

84. Are accounts, books and records kept in fire resistant safes when not in use? Yes No

85. How frequently are computer records backed up?

86. Is a copy of the back-up kept either in a fire resistant container or away from the premises? Yes No

LIABILITY INSURANCE

87. Confirm the Public & Products Liability limit of indemnity you would like quoted

£1 million £2 million £5 million £10 million

88. Does your business involve any of the following:

- | | | |
|---|-----|----|
| a. manual work away from your own premises | Yes | No |
| b. the application of heat away from your own premises | Yes | No |
| c. work at hazardous locations | Yes | No |
| d. work at height (over 10 metres) | Yes | No |
| e. work at depth (below 2 metres) | Yes | No |
| f. the use, handling, storage or transportation of hazardous substances | Yes | No |
| g. noise levels above 85 decibels | Yes | No |
| h. power driven woodworking or other machinery used. | Yes | No |
| i. diving | Yes | No |

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

- | | | |
|---|-----|----|
| j. offshore, oil, petrochemical, gas, chemical, aircraft and nuclear installations? | Yes | No |
| k. work on ferries, oil tankers, other large commercial vessels, hovercrafts? | Yes | No |
| l. Ministry of Defence vessels or premises? | Yes | No |
| m. RNLI boats? | Yes | No |

If you have answered "Yes" to any of the above please provide details below.

89. Please detail any products that you manufacture, sell, supply, repair, test, process or treat.

- | | | |
|--|-----|----|
| 90. Do you always retain rights of recourse against your suppliers? | Yes | No |
| 91. In respect of your products do you get involved in any of the following: | | |
| a. alter any products (including packaging) which you do not manufacture | Yes | No |
| b. import products from outside the EU | Yes | No |
| c. export products to the USA or Canada (or have done in the last 10 years) | Yes | No |
| d. supply products or services to the aerospace, aviation, marine, medical, motor, nuclear, offshore, petrochemical or rail industries | Yes | No |
| 92. Do you undertake product testing before sale or maintain product control systems? | Yes | No |
| 93. Do your products conform to the British Standard or other independent product standard? | Yes | No |
| 94. Do you undertake design work separately for a fee?
If "Yes" please provide details below. | Yes | No |

- | | | |
|---|-----|----|
| 95. In respect of any subcontractors that you use, do you always ensure that they have adequate insurance in place for the work they are undertaking for you? | Yes | No |
| 96. Have you notified the local authority or the health and safety executive of your business at the premises? | Yes | No |
| 97. Do you comply with Health and Safety legislation and any other relevant Acts or regulations? | Yes | No |
| 98. a. Are employees supplied with all necessary safety equipment relevant to their work? | Yes | No |
| b. Do you take steps to ensure that such equipment is used? | Yes | No |
| 99. Is all machinery properly fenced, guarded and maintained? | Yes | No |
| 100. Are you accredited with any quality standard i.e. ISO9000, BS5750? | Yes | No |
| 101. Do you have any parent company, subsidiaries, offices, agents or representation outside Great Britain, Northern Ireland, the Channel Islands or the Isle of Man? | Yes | No |

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

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|--|-----|----|
| 102. a. Do you use lifting plant or pressure vessels in the business? | Yes | No |
| b. If "Yes", is the equipment inspected in accordance with statute? | Yes | No |
| 103. a. Do you hire in or hire out lifting equipment or other plant? | Yes | No |
| b. If "Yes", with driver? | Yes | No |
| c. If "Yes", please show estimated hire charges and maximum value of plant hired in. | | £ |
| 104. Please provide details of the conditions under which Plant is hired in or out. | | |
| 105. Please provide details including capacity of any power operated lifts, hoists or cranes operated on the premises or any unlicensed road vehicles or mobile plant. | | |
| 106. Is any of your mobile plant licensed for road use? (Separate Motor Insurance must be maintained for such plant.) | | |
| | Yes | No |
| 107. a. Is any manual work undertaken outside member countries of the European Union? | Yes | No |
| b. If yes, please provide details of countries visited, duration, nature of work and nationality of employees undertaking this work. | | |
| 108. a. Do you provide a car park for customers' vehicles? | Yes | No |
| b. If "Yes", provide details of approximate capacity. | | |
| 109. a. Are there any public paths or rights of way through the yard premises? | Yes | No |
| b. If yes, please provide details. | | |
| 110. a. Do you restrict public access? | Yes | No |
| b. If "Yes", please provide details. | | |
| 111. a. How often are your moorings inspected either by lifting or by divers. | | |
| b. Please provide date of last inspection. | | |
| 112. a. Do you carry out work away from the premises | Yes | No |
| b. If "Yes", state nature and type of work and maximum distance from premises below | | |
| c. Please state percentage of work away from premises. | | % |
| 113. Do you use welders, flame cutters, blow lamps or blow torches in any of your work? | Yes | No |
| 114. a. Do you, or have you in the past discharged trade waste into the atmosphere, sewers, waterways or elsewhere? | Yes | No |
| b. If "Yes", is this with the agreement of the relevant local authority and are/were all wastes treated and rendered safe before discharge? | Yes | No |
| 115. Do you have a waste policy? | Yes | No |
| 116. a. Do you require cover for demonstration, tuition or trial trips? | Yes | No |
| b. Do you require cover for delivery voyages? | Yes | No |
| c. If for an owner, do you ensure that their insurers know? | Yes | No |

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

If you have answered "Yes", for questions a to c above, please provide full details.

- d. Please provide names, experience and qualifications of skipper employed.
- e. Please state area of operation.
117. a. Do you or any of your employees install, service, repair or maintain gas appliances and/or storage cylinders in vessels? Yes No
- b. If "Yes", are all such persons properly registered and licensed? Yes No
118. Please provide details of frequency of removal and means of disposal of flammable waste/wood shavings/waste resin etc from your premises.
119. Do you export goods? Yes No
120. a. Do you carry out surveys, inspection, valuations or condition reports on vessels for a fee? Yes No
- b. If "Yes", do you have and will you maintain professional indemnity cover? Yes No
- c. Is Professional Indemnity Extension Required (if "Yes" addition questionnaire required) Yes No
121. a. Do you cook or prepare food and/or drinks? Yes No
- b. If "Yes", please provide details.
122. a. Do you hold any special events through the year, for example, bonfire/firework parties, exhibitions, shows, regattas, receptions, corporate entertaining, etc? Yes No
- b. If "Yes", provide annual number of events, details of type of events and anticipated attendants.
123. Do you have standard trading conditions and do you always make your customers aware of them prior to any transaction? (if "Yes", please attach a copy unless standard BMIF) Yes No

MARINE VESSELS

124. If you sell vessels please provide full details of types, makes and sizes of vessels sold.

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

125. Do you hold any agencies? Yes No
If "Yes", please list them.

126. Please provide details of how vessels in stock are stored?

127. Do you deliver vessels by water? Yes No
If "Yes", how often and within what territorial limits?

128. Do you require private pleasure use by directors or main staff? Yes No
If "Yes", please provide details of staff.

Name	Age	Experience	Claims/Accidents
------	-----	------------	------------------

129. Please provide details of all vessels owned by you and not held for sale.

Vessel name	Type	Builder	Year built	Material of hull	Length	Speed	Use	Cruising Range
-------------	------	---------	------------	------------------	--------	-------	-----	----------------

130. Do you require cover for:

- | | | |
|---------------------|-----|----|
| a. Angling Parties | Yes | No |
| b. Diving Parties | Yes | No |
| c. Water Skiing | Yes | No |
| d. Other Activities | Yes | No |

If cover is required for "Other Activities" please provide details of these activities:

131. If you charter do you do so:

- | | | |
|-----------------|-----|----|
| a. With Skipper | Yes | No |
| b. With Crew | Yes | No |

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

132. a. Do you require cover for additional contents hired out with the vessel? Yes No
(e.g., bedding, linen cutlery, crockery, utensils, televisions wet clothing, lifejackets etc.)
b. Where are they normally stored when ashore?
133. a. Do you require to insure for personal effects of skipper or crew? Yes No
b. If yes, specify value £
134. a. Do you require insurance for loss of revenue following loss of or damage to vessels? Yes No
b. If "Yes", please state:
Gross annual revenue from hire fees £
Limit any one vessel £

MARINE BUILDERS RISKS

135. Do you construct and fit out yourselves all the vessels you sell? Yes No
136. Are hulls bought in? Yes No
137. Do you undertake restoration projects? Yes No
138. Please provide full details of all types of vessels you build including the hull material and please attach brochures and price list.
139. Maximum value of all hulls at any one time. £
140. Maximum value of all hulls at any one location. £
141. Please state the value of vessels when completed: £
142. a. Are any of the vessels built to your design? Yes No
If "Yes", which:

b. Is Professional Indemnity Extension Required (if yes addition questionnaire required) Yes No
143. How many vessels per year do you construct?
144. What is the maximum number in build at any one time?
145. Are your vessels built in accordance with the Recreational Craft Regulations 1995? Yes No
If "No", please provide full details
146. Do you require cover at any premises other than your own? Yes No
If "Yes", please state the premises at which cover is required together with the nature and amount of your interest therein
147. Do you undertake delivery by sea? Yes No
If "Yes", in which areas do you deliver?

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

148. Please provide details of co-ownership or of anyone with an interest in any vessel and the nature of that interest

SUMS INSURED / ESTIMATES

IT IS IMPORTANT THAT YOU SHOULD ENSURE THAT THE VALUES GIVEN BELOW ARE ADEQUATE AS UNDER INSURANCE MAY REDUCE THE AMOUNT OF RECOVERY IN THE EVENT OF A CLAIM.

149. Material Damage

a. Buildings (including outbuildings)	£
b. Tenants improvements	£
c. Hand tools	£
d. Marine installations	£
e. Moulds	£
f. Non ferrous metals	£
g. Stock	£
h. Computers	£
i. Plant, machinery & all other contents	£
j. Glass	£

Note

Vessels, and trailers should not be included under this section but should be included under the Marine section.

150. Business Property Away from Premises

Property Description	Sum Insured	Area
	£	
	£	
	£	
	£	

Note

Area 1 is UK, Area 2 is Europe and Area 3 Worldwide.

151. Goods in transit

Please provide details of goods carried

Items	Estimated annual carryings/sendings	Limit any one vehicle/item	Limit any one loss/consignment
Goods by your own vehicles			
Goods conveyed by carriers			
Goods sent by post			

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

152. Exhibitions

Description	Sum Insured
Stock and other exhibits	£
Maximum value any one item	£
Stands, marquees, furniture, display materials, office equipment, stationery and other items	£
Expenses	£
TOTAL	£

153. Business Interruption

a. Estimated gross profit	£	
Maximum indemnity period		months
b. Estimated gross revenue	£	
Maximum indemnity period		months
c. Increased cost of working only	£	
d. Additional Increased cost of working	£	
e. Loss of rent receivable	£	
Maximum indemnity period		months
f. Specified Suppliers		
Name / Address	Estimated gross profit/gross revenue	
i.	%	
ii.	%	
iii.	%	
g. Specified Customers		
Name / Address	Estimated gross profit/gross revenue	
i.	%	
ii.	%	
iii.	%	

154. Do you require cover for the following extensions?

- Prevention of Access
- Failure of Utilities
- Property Stored at Other Locations
- Infectious Diseases
- Breach of Canal
- Damage to Vessels away from your premises

155. Is terrorism cover required?

Yes No

156. Money

a. What are your estimated annual carryings by a security company?	£	
Security company used		
b. What are the estimated annual carryings by any principal or authorised employee of the insured?	£	

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

- c. How much money is kept within the premises during business hours? £
- d. Cash limit in transit to or from the bank or post office and/or in bank night safes £
- e. Money kept in the premises when closed for business and not in a locked safe £
- f. Money kept in the private residence of the Insured £
- g. Money kept in a locked safe within the premises outside of business hours £
Provide details of the make and model of the safe

- h. Money at contract sites £
- i. Money in gaming, amusement or vending machines. £
- j. Non-negotiable securities (crossed cheques etc.) £

157. Wages Estimates

Please state total wages salaries and other earnings of all employees including labour only subcontractors. Total earnings means gross wages or pay without deduction of income tax, pension, National Insurance, holidays with pay and including overtime, bonus or similar payments

Please state total number of employees

Description	Direct Employee	Labour only sub-contractor
Non-Manual - Administration, Clerical, Managerial & Directors	£	£
Shop, Sales, Bar & Catering Assistants	£	£
Sailmakers, Machinists, Painters, Boatcleaners & Maintenance, Electrical Engineers, Waterbourne and Light Yardwork	£	£
Boat Manufacturers & Boat Repairers	£	£
Welders, Metal Fabricators, Woodworkers & Heavy Yardwork	£	£
Other Employees (please specify)	£	£

158. Turnover Estimates

State the total turnover of your business and how much is derived from:

a. construction of craft	£
b. sale of craft	£
c. repairs (customers' craft)	£
d. mooring charges	£
e. hire charges	£
f. other	£
TOTAL	£

159. State maximum number of vessels

Afloat	Mudberth
Alongside pier or jetty	Ashore as above

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

160. Please state projected annual turnover and description of goods exported in each of the following categories

Category	Description of goods	Turnover
European Union Countries		£
USA Canada		£
Other countries (please state which countries)		£
		£

161. Marine Vessels

Vessels and other items to be insured

Description	Insured Value	
	Any one item	Total
Own vessels	£	£
Stock vessels	£	£
Stock of trailers	£	£
Hire vessels (attach list)	£	£
Contents of hired out vessels	£	£

162. Third Party Liability

a. Limit of Indemnity	£1,000,000	£2,000,000	£3,000,000
b. Water Skiing Limit of Indemnity	£1,000,000	£2,000,000	

MATERIAL FACTS

163. Are there any other facts not covered by this proposal form which you consider may be material to this proposal for insurance?

Yes No

If "Yes", please provide details of Additional Information page

MARINE TRADERS COMMERCIAL COMBINED PROPOSAL FORM

GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
| b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | |
|---|-----|----|
| c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is “Yes” please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.

CLAIMS HISTORY

In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years? Yes No

If the answer is “Yes” please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

**MARINE TRADERS COMMERCIAL COMBINED
PROPOSAL FORM**

ADDITIONAL INFORMATION

