



Dolphin Insurance.

SUBMISSION FORM for MARINAS AND ASSOCIATED MARINE BUSINESS

Applicant _____

Postal
Address _____

_____ Post Code _____

Telephone _____ Fax No _____

Contact Name _____ Position _____

This proposal form is designed to obtain information which will enable Underwriters to offer you the widest cover and most competitive indication under our fixed price package policy.

Please provide as much detail as possible including brochures, photographs or plans.

The information provided will be treated as confidential.

You must give true and full answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.

PART A To be completed by all Proposers

Please provide a full description of your company's business activities:

Provide details of any associated or subsidiary companies for whom cover is required:

Names of directors, partners and other senior employees with their relevant years experience:

_____	_____
_____	_____
_____	_____

Do you have standard trading conditions? Yes No If Yes, please **attach** a copy

Do you always make your customers aware of them prior to any transaction? Yes No

Do you waive any rights of recourse for claims against any of your suppliers? Yes No

Do you/your company have any assets in any jurisdiction governed by the USA? Yes No

If Yes, details: _____

Year your company commenced business? _____ Are you registered for GST? Yes No

Are you or your company a member of a trade or professional association? Yes No

If Yes, which? _____

Did your company trade profitably last year? Yes No

If No, please provide a copy of your audited accounts for the last 2 years.

Do you anticipate that your company will trade in surplus this year? Yes No

Annual Turnover Last Financial year:	Estimate for current financial year:	Estimate for next financial year:
C\$ _____	C\$ _____	C\$ _____

Your present Insurer:- _____ Current Premium:-C\$ _____

Please provide current annual turnover relating to:

	Turnover %	Staff		Turnover %	Staff
Berthing/Storage of craft	_____	_____	Income from USA	_____	_____
Lifting/movement of craft	_____	_____	Boat Repair	_____	_____
Boat Building	_____	_____	Chandlery sales	_____	_____
Boat Rental/Hire	_____	_____	Manufacturing	_____	_____
Boat Sales	_____	_____	Tuition/Sailing School	_____	_____
Fuel Sales	_____	_____	Passenger Carrying	_____	_____
Brokerage	_____	_____	Goods in Transit	_____	_____
Other (please specify)	_____	_____	TOTAL	_____	_____

Are the premises occupied solely by you? Yes No
 If No, give details of other occupants and their business activities _____

Do any commercial craft use your facility? Yes No
 If Yes, details please _____

What proportion of your work is on commercial craft; _____ %

Have your premises or surrounding/local area ever experienced any:

Flooding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subsidence, heave, landslip or erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any severe weather / catastrophes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Distance and location of your nearest fire station: _____

Do you have adequate fire fighting equipment throughout your facility? Yes No

SECURITY

Is a ULC/CSA approved alarm fitted and operational when the premises are left unattended Yes No
 If Yes, give locations and type of alarm;

Make of alarm and Company providing the maintenance agreement (Please enclose a copy)

What security precautions do you take for:-
 External doors _____
 Windows _____
 Roller shutters _____

Are any of the following installed at your premises:

Floodlights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secure fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24hr Manned security	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Security measures, if any? _____

Third Party Liability

Limit of Indemnity you require in respect of your **Third Party Liabilities** C\$ _____

Select from: **C\$1m / C\$2m / C\$5m / Specify other C\$** _____

Type and number of berths: a) Pontoons _____ b) Swing Moorings _____ c) Other _____

Do you restrict access to berth holders only? Yes No

Maximum length of any vessel that can berth at your facility: _____

Are there facilities for lifting vessels out of the water? Yes No

If Yes, complete p.6, Cranes, Travel Hoists, Fork Lifts etc section

Do you sub-contract the lifting facilities? Yes No

If Yes, to whom?

Maximum number of vessels that you can store on land _____

Do you sell diesel, gas or other fuels? Yes No

Age of the tanks: _____

Is there a separate "cut-off" valve between the tank and pumps Yes No

Distance from the nearest building, mooring or other pontoon? _____

Do you shrink-wrap craft for winter storage? Yes No

If Yes, please give details _____

Do you carry out work away from your premises? Yes No

If Yes, please give details of work undertaken: _____

Do you use welding or flame cutting equipment, blow lamps or blow torches in such work away from your premises. Yes No

If Yes, please provide estimated wagheroll of those involved. C\$ _____

Do you work overseas Yes No

If Yes, which countries: _____

Do you require cover in respect of **Products Liability**? Yes No

If Yes, Limit of Indemnity required: C\$ _____

Please give details of products to be covered: _____

Do you require **Waterborne Liabilities**. Yes No

If Yes, Limit of Indemnity required: C\$ _____

Please give details of waterborne activities to be covered: _____

Buildings Insurance

	1	2	3
Location/Description			
Age			
Freehold or Leasehold?			
Size/Area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products stored in the building?	[Yes] [No]	[Yes] [No]	[Yes] [No]
If Yes, details please			
New reinstatement value (C\$)			

	4	5	6
Location/Description			
Age			
Freehold or Leasehold?			
Size/Area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products stored in the building?	[Yes] [No]	[Yes] [No]	[Yes] [No]
If Yes, details please			
New reinstatement value (C\$)			

Please provide details of all Tenants/Sub-lessees and the nature of their activities:-

Annual Rent Receivable C\$ _____ No. of Months for which cover is required _____

Stock in Trade and Contents Insurance

Nature of your stock: _____

Do you provide retail chandlery or associated retail facilities? Yes No

Maximum value of stock held at any time over all locations: C\$ _____
 Maximum value of any one item of stock: C\$ _____

Item	Location No.	Description	Sum to be Insured
Machinery & Plant	_____	_____	C\$ _____
Furniture, fixtures & fittings	_____	_____	C\$ _____
Stock	_____	_____	C\$ _____
Goods held in trust	_____	_____	C\$ _____
Office Equipment	_____	_____	C\$ _____
Computer Equipment	_____	_____	C\$ _____
Chandlery	_____	_____	C\$ _____
Electronic Equipment	_____	_____	C\$ _____
Wines, Spirits & Cigarettes	_____	_____	C\$ _____
All other contents (excl. personal property)	_____	_____	C\$ _____
Other items, please specify	_____	_____	C\$ _____
	_____	_____	C\$ _____
Hired in plant for which you are responsible	_____	_____	C\$ _____
2nd Hand items for re-sale	_____	_____	C\$ _____
Total sum to be insured (over all locations)			C\$ _____

NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

Own Stock of Vessels _____ C\$ _____

If stock includes any vessels, advise if any are kept afloat at any time: Yes No

If Yes, specify:-

a) usual location _____

b) maximum number _____ c) total value afloat – C\$ _____

Do you require cover for demonstrating stock vessels? Yes No

Do you require cover for any stock at exhibitions? Yes No

If Yes, specify which exhibitions and value of stock: _____

DEBRIS REMOVAL COSTS and ARCHITECTS FEES SHOULD BE INCLUDED WITHIN YOUR BUILDINGS and STOCK/ CONTENTS SUMS INSURED.

Cranes, Travel Hoists & Fork Lifts etc.

Please provide details of all handling equipment at all locations, even if accidental damage cover for the item is not required:-

Item	Age	Last mandatory Inspection date	Lifting Capacity	Current Value (C\$)	Is accidental Damage required?

NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

PLEASE NOTE: Statutory inspection requirements and machinery breakdown covers are not included within our contract. Arrangements should be made through your Insurance Broker.

Piers, Docks and Floats Etc.

Please give full description and provide sketch plan:

Age: _____ Total length: _____ No. of Sections: _____

What is the construction type? _____

Supplier/Manufacturer? _____

What services do you supply? _____

Do you have covered slips, dock, pontoons or boat houses ashore or afloat [] Yes [] No

If Yes, please provide on a separate sheet, full details of these structures including Size Capacity, Age, Construction and Re-Building Value including debris removal costs.

If you have a report / valuation which has been prepared during the past 3 years a copy of his should be attached.

How are the pontoons secured to the seabed? _____ No. of piles? _____

Are the pontoons subject to tidal conditions? [] Yes [] No

Do you haul your pontoons / docks up onto the shore during the winter months [] Yes [] No
If Yes, over what period _____

Have they been surveyed within the last 3 years [] Yes [] No
If Yes, please **attach** copy.

Minimum depth of water _____ Maximum depth of water _____

What is the largest size and type of vessel that can be berthed? _____

What are your budgeted annual maintenance costs? C\$ _____

What is the reinstatement value (including installation costs, piles and services provided) C\$ _____

Boat Builders and Boat Repairers

PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT

Type of Vessels, hull construction, speed and values of the vessels you build: _____

No. of vessels you have built in the last three years? _____ In the last year? _____

What has been your average annual income from the sale of these vessels? C\$ _____

Have you built any prototype/custom vessels in the last five years? [] Yes [] No
If Yes, please **attach** details

No. of vessels you have sold to buyers resident in USA within the last five years? _____

Types of repair work you carry out: _____

Materials used, tick as applicable: GRP [] Wood [] Steel [] Aluminium []

Maximum hull size/type/largest vessel you will carry out repairs on: _____

Do you carry out work in respect of Osmosis treatments? [] Yes [] No

Do you require cover in respect of vessels under construction under Section 5 of our Policy ? [] Yes [] No

Full description of vessel(s) including type, hull construction, length, engines: _____

Do you have experience in building this type of vessel(s) [] Yes [] No
If Yes, how many years? _____

Who designed the vessel? _____

Completed value: C\$ _____ or value(s) at specific intervals: _____

Where is the vessel being built? _____

Is construction under cover? Yes No

Expected completion date: _____

Production boat builders:

Please **attach full details** of the vessels you build.

Materials used in construction: _____

Approximate number built per annum? _____

What is the highest **completed value** of any one vessel? C\$ _____

What is the maximum number of vessels you will have under construction at any one time? _____

What is the **maximum value of all** vessels under construction at any one time? C\$ _____

Do you carry out work away from your workshop/boatyard? Yes No

Do you work overseas? Yes No

If Yes, specify countries: _____

Is cover required for:- demonstrations or trials or tests Yes No

Transit - please complete the **GOODS in TRANSIT** section of this proposal.

Exhibition and shows - please complete the **STOCK and CONTENTS** section of this proposal.

Goods in Transit Insurance

Description of Goods: _____

Usual method of transit: _____

Canadian destination(s): _____

Total annual value of Canadian sendings last year:- C\$ _____

Estimate of total value of Canadian sendings for this policy year:- C\$ _____ Estimate

the maximum value any one sending:- C\$ _____

Do you use one regular professional freight forwarder/haulier? Yes No

Do you deliver goods using your own vehicle(s) Yes No

Destinations of overseas countries - please indicate whether imports or exports: _____

Total annual value of shipments last year:- C\$ _____

Estimate of total value of shipments for this policy year:- C\$ _____

Maximum value any one shipment:- C\$ _____

Business Interruption Insurance

This cover applies following loss of or damage to your property insured by us under the policy sections specified.

All Sections [] Yes [] No

If No, please specify which Section No's _____ only.

Following:- All Risks/Limited Perils (delete as applicable)

Please note that some Indications will only be offered cover following restricted Perils under specific Sections.

Gross Annual Turnover from your Business activities as declared under Part A: C\$ _____

Estimated Gross Profit for your current year: C\$ _____

Increased Cost of Working: C\$ _____

Maximum Indemnity Period: _____ Months

If specified Suppliers/Customers Extensions are required please complete the following;

Suppliers/Customers Name	Address	Limit
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____

Do you employ a professional accountant? [] Yes [] No

If Yes, please provide name and address:

Claims History**To be completed by all Proposers**

It is fundamental to the assessment of your insurance that a **five year claims history is declared**. This should include any circumstances or notifications which may not have led to any payments being made. In addition details of any settlements reached within the last five years for claims prior to five years should be included:

Date(s)	Circumstances	Amount Claimed	Amount Paid
		C\$	C\$
		C\$	C\$
		C\$	C\$
		C\$	C\$
		C\$	C\$
		C\$	C\$
		C\$	C\$
		C\$	C\$

Has the business, you or any of your directors/partners of your company ever been placed in any form of liquidation, declared bankrupt or made any arrangements with creditors? Yes No

Have you, your partner(s) / your director(s) ever been charged with or convicted of any offence involving dishonesty of any kind? Yes No

If yes, please provide full details: _____

Have you ever been declined insurance, or had any special terms imposed? Yes No

If Yes, full details: _____

The Parties are free to choose the law applicable to our Insurance Contract. Unless specifically agreed to the contrary the Certificate of Insurance relating to our contract shall be subject to the exclusive jurisdiction of the English courts.

Any enquiry or complaint should be addressed in the first instance to Oceanic Underwriters Ltd.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law.

The address is:- Complaints and Advisory Department, Lloyd's, One Lime Street, London EC3M 7HA Telephone 020 7327 1000

DECLARATION

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the particulars and answers are correct and complete in every aspect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.

Signed _____

Date _____

Name (please print) _____

Position within Company _____

Broker Signature: _____

Broker Name: _____

The signing of this form does not bind the proposer to complete the insurance.