



BOWLINE UNDERWRITING

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Or contact: Email richardjbeales@btconnect.co.uk or www.office@bowlineunderwriting.co.uk

APPLICATION FORM for US MARINAS AND ASSOCIATED BUSINESS

Company Title _____

Postal Address _____

Zip Code _____

Telephone _____ Fax No _____

Website address _____

Contact Name _____ Position _____

E-Mail _____

Risk Address (If different from Postal Address)

Zip Code _____

YOUR BROKER _____

Contact Name _____

Address _____

Telephone No _____ Fax No _____

E-Mail _____

Within 15 Days if Inception of any risk, Bowline Underwriting will require a copy of Surplus Lines Licence, State of Issue and details of your Broker Errors and Omissions Insurance.

This application form is designed to obtain information, which will enable Underwriters to offer you the widest cover and most competitive indication.

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

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.

The information provided will be treated as confidential.

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 Bowline Underwriting.

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

Signed _____ Date _____

Name (please print) _____ Position within Company _____

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

Notes for the Retail Broker / Agent.

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.

PART A -TO BE COMPLETED BY ALL APPLICANTS

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

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

(Also provide a description of the subsidiary companies Business activities)

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

Name of Partners/Director/Senior Employee	Position	Years Experience
--	-----------------	-------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have standard trading conditions? Yes No - please tick as applicable

If Yes, please attach a copy

Do you always make your customers aware of them prior to any transaction? Yes No - please tick as applicable

Do you waive any rights of recourse for claims against any of your suppliers? Yes No - please tick as applicable

Year your company commenced business? _____

Are you or your company a member of a trade or professional association? Yes No - please tick as applicable

If Yes, which? _____

Did your company trade profitably last year? Yes No - please tick as applicable

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 - please tick as applicable

Your present Insurer: _____

Current Premium:- \$ _____

Renewal Date _____

Turnover

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

Please provide current annual turnover relating to:

	Income %		Income %
Berthing/Storage of craft	_____ US\$		
Lifting/movement of craft	_____ US\$	Manufacturing	_____ US\$
Boat Building	_____ US\$	Chandlery sales	_____ US\$
Boat Repair	_____ US\$	Brokerage fees	_____ US\$
Boat Rental/Hire/Charter	_____ US\$	Goods in Transit	_____ US\$
Boat Sales	_____ US\$	Tuition/Sailing School	_____ US\$
Fuel Sales	_____ US\$	Passenger Carrying	_____ US\$
Other (please specify)	_____ US\$	TOTAL	US\$ _____

Are the premises occupied solely by you? Yes No - please tick as applicable

If No, give details of other occupants and their business activities and period of occupation.

Do any commercial craft use your facility Yes No - please tick as applicable

If Yes, details please

Type _____

Period of use (Average) _____

Do you carry out any type of repair work to vessels? Yes No - please tick as applicable

If Yes, details please

Materials used? - please tick as applicable:

GRP Steel

Wood 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 - please tick as applicable:

Do you construct vessels? Yes No - please tick as applicable

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

Have your premises or surrounding/local area ever experienced any of the following? - Please tick as applicable

Flooding Yes No

Subsidence, heave, landslip or erosion Yes No

Any severe weather / catastrophes Yes No

Distance and location of your nearest fire station:

Do you have adequate fire fighting equipment Yes No - please tick as applicable

throughout your facility?

Is an approved alarm fitted and operational when the premises are left unattended? Yes No - please tick as applicable

If Yes to either of the above, please give all relevant details regarding type of fire fighting equipment, locations and type of alarm;

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

SECURITY

What locks or security precautions are taken to secure:-

External doors _____
Windows _____
Roller shutters _____

Are any of the following installed at your premises?

Floodlights Yes No - please tick as applicable

Secure fencing Yes No - please tick as applicable

24hr Manned security Yes No - please tick as applicable

CLAIMS HISTORY -TO BE COMPLETED FOR ALL APPLICATIONS

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
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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? -

(This Includes any previous company that you or any of your directors / partners of your company have Worked.)

Yes No - please tick as applicable

Have you, your partner(s) / your director(s) ever been charged with or convicted of any offence involving dishonesty of any kind?

Yes No - please tick as applicable

If yes please provide details: _____

Have you ever been declined insurance, or had any special terms imposed?

Yes No - please tick as applicable

If Yes, full details: _____

Section 1 Physical Damage to Buildings and Contents

	Building # 1	Building # 2	Building # 3
Location/Description			
Age			

Freehold or Leasehold?			
Size/Area in Square Feet			
Type of construction I.e. Wood, metal or Other.			
Occupied as			
Details of heating used			
Details of flammable products, if any, stored			
Details of fire protection and rating			
New replacement value (\$)			

	Building # 4	Building # 5	Building # 6
Location/Description			
Age			
Freehold or Leasehold?			
Size/Area in Square Feet			
Type of construction			
Occupied as			
Details of heating used			
Details of flammable products, if any, stored			
Details of fire protection and rating			
New replacement value (\$)			

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

Annual Rent Receivable \$ _____

No. of Months for which cover is required _____

Please Provide Details of any Loss Payee / Mortgagees. _____

Do you provide retail chandlery or associated retail facilities? [] Yes [] No please tick as applicable

Maximum value of stock held at any time over all locations (excluding vessels): \$ _____

Maximum value of any one item of stock (excluding vessels): \$ _____

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

* Are there any other contents that are not covered above, if so, please provide details: -

Total sum to be insured (over all locations) TOTAL \$ _____

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

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

Section 2 Physical Damage to Marine Structures

Please give full description of Marine Structures to be covered:

- | | |
|-------------|-------------|
| 1) _____ \$ | 4) _____ \$ |
| 2) _____ \$ | 5) _____ \$ |
| 3) _____ \$ | 6) _____ \$ |

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

What is the construction type?

I.e. Wood, Metal Frame or concrete

Number of covered slips _____ Number of open slips _____

Supplier/Manufacturer?

What services do you supply? _____

Do you have covered slips, dock, pontoons or boat houses ashore or afloat - please tick as applicable
 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 this should be attached.

How are the pontoons secured to the seabed? _____

No. of piles? _____

Are the pontoons subject to tidal conditions [] Yes [] No - please tick as applicable

Have they been surveyed within the last 3 years [] Yes [] No - please tick as applicable

If Yes, please attach copy

Minimum depth of water _____ ft

Maximum depth of water _____ ft

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

What are your budgeted annual maintenance costs?

\$ _____

What is the reinstatement value (including installation costs, piles and services provided)

\$ _____

Section 3 Physical Damage to Lifting Equipment

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

Item to be insured	Age	Last mandatory Inspection date	Lifting Capacity	Current Value (\$)	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 are not included within our contract.
Arrangements should be made through your Insurance Broker.**

Section 4 Physical Damage to Boat Dealers Inventory

Nature of your stock

Item	Location No.	Manufacturer	Sum to be Insured
Vessels	_____	_____	\$ _____
Outboard Motors	_____	_____	\$ _____
Canoes	_____	_____	\$ _____
Rowboats	_____	_____	\$ _____
Boat Trailers	_____	_____	\$ _____
Accessories	_____	_____	\$ _____

Maximum limit of own Boat Dealers Inventory \$ _____

Maximum limit of own Boat Dealers Inventory any one location \$ _____
Maximum limit of any one vessel \$ _____

If stock includes any vessels, advise if any are kept afloat at any time: - please tick as applicable

- Yes
- No

If Yes, specify:-

- a) Usual location _____
- b) Maximum number _____
- c) Total value afloat - \$ _____

Maximum limit in transit \$ _____
Maximum limit at exhibition \$ _____

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

Section 5 Physical Damage to Vessels

Complete this section if the vessel(s) is/are considered part of and/or ancillary to your business.
If more than one vessel is to be insured, please take additional copies of this section and attach hereto.

Name and Type of Vessel:

Class or Manufacturer's Title:

Please tick applicable:

- Sail
- Power
- Monohull

Multihull

Date of purchase: ____ / ____ / ____

Purchase price: \$ _____

Current market value of the Vessel:-

\$ _____

Please complete the following table if the value includes; trailer, outboard or additional equipment

	Trailer	Outboard	Additional Equipment
Value			
Make/Model			
Serial No.			

Is the trailer fitted with a wheel clamp when left unattended? Yes No - please tick as applicable

If No, please detail other forms of security

Hull construction material: _____ Year built: _____

Length: _____

Beam _____

Draft _____

Engine make & model _____ Engine HP _____

Fuel Type, - please tick as applicable:

Diesel

Petrol

Maximum designed speed of the Vessel:- _____

If over 17 knots, please complete a, b, c - please tick as applicable

a) inboard outboard stern drive jet

b) Is the outboard fitted with an anti-theft device? Yes No - please tick as applicable

c) Is the boat used for towing water-skiers or similar activities? Yes No - please tick as applicable

Use: - please tick as applicable

- Private pleasure only
- Skipper charter
- Bareboat charter
- Commercial

If Commercial work and / or charter work is undertaken please provide full details: _____

If passenger Vessels, please give licence details:

Cruising range required: _____

If moored afloat - where?: _____

Mooring type: - please tick as applicable

- Swing
- Piles
- Marina
- Anchor
- Fore & Aft
- Jetty

When was the mooring last surveyed? ____ / ____ / ____ By whom: _____

Is the Vessel used for racing? Yes No - please tick as applicable

If Yes, please give Full

Details: _____

Date of latest survey:- ____ / ____ / ____

If the last survey is within the last 3 years, a copy should be **attached**.

A survey report will normally be required for vessels over 15 years of age.

Section 6 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 - please tick as applicable.

If No, please specify which Section No's required _____

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: \$ _____

Estimated Gross Profit for your current year: \$ _____

Increased Cost of Working: \$ _____

Maximum Indemnity Period: _____ **Months**

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

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

Name and address of your Accountant:

Name

Address
