



APPLICATION FORM FOR MARINAS, BOAT DEALERS AND ASSOCIATED MARINE TRADE BUSINESS

Company Title \_\_\_\_\_

Postal Address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone \_\_\_\_\_ Contact Name \_\_\_\_\_

Position \_\_\_\_\_ Risk Address (If different from  
Postal Address) \_\_\_\_\_

E-Mail \_\_\_\_\_

Website address \_\_\_\_\_

Your Broker \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_

E-Mail \_\_\_\_\_

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 Endeavour Insurance Services. 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

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.  
The information provided will be treated as confidential.

Quaycover is a trading name of Endeavour Insurance Services Limited which is Authorised and Regulated by the Financial Services Authority Registered in England No 3717612

**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.**

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 \_\_\_\_\_

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

**Please state currency used in completion of this form** \_\_\_\_\_

**Present Insurer** \_\_\_\_\_

**Number of years insured** \_\_\_\_\_

**Current Premium** \_\_\_\_\_

**Renewal Date** \_\_\_\_\_

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

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: \_\_\_\_\_  
\_\_\_\_\_

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

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 VAT? ☐ Yes ☐ No

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

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**

Please advise financial or other interested parties together with their **specific interest**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Revenue	Last Financial year:	Estimate for current Financial year:	Estimate for next financial year:
	_____	_____	_____

Please provide current annual turnover relating to:

	Turnover %		Turnover %
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)	_____	<b>TOTAL</b>	_____
Are the premises occupied solely by you?		<input type="checkbox"/> Yes <input type="checkbox"/> 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

Type \_\_\_\_\_

What proportion of your work is on commercial craft; \_\_\_\_\_ %

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

Flooding ☐ Yes ☐ No  
Subsidence, heave, landslip or erosion ☐ Yes ☐ No  
Any severe weather / catastrophes ☐ Yes ☐ No

Distance and location of your nearest fire station: \_\_\_\_\_

What fire fighting equipment do you have at your facility?

### **Security**

Is a professionally installed and maintained alarm system 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 ☐ Yes ☐ No  
Secure fencing ☐ Yes ☐ No  
24hr Manned security ☐ Yes ☐ No

Other Security measures, if any? \_\_\_\_\_

### **Claims History**

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 1 Physical Damage to Building and Contents.**

	Building # 1	Building # 2	Building # 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			
<b>New reinstatement value</b>			

	Building # 4	Building # 5	Building # 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			
<b>New reinstatement value</b>			

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

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Annual Rent Receivable \_\_\_\_\_

No. of Months for which cover is required \_\_\_\_\_

## Contents

Nature of your stock:-

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Do you provide retail chandlery or associated retail facilities?

[ ] Yes

[ ] No

Maximum value of stock held at any time over all locations:

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Maximum value of any one item of stock:

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

Are there any other contents that are not covered above, if so, Please provide details.

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Total sum to be insured (over all locations)

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**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.

Own Stock of Vessels

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If stock includes any vessels, advise if any are kept afloat at any time:

If Yes, specify:-

a) Usual location 

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b) Maximum number 

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c) Total value afloat – 

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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: 

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### Goods In Transit Insurance

Description of Goods: \_\_\_\_\_

Usual method of transit: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Total annual value of sendings last year:- \_\_\_\_\_

Estimate of total value of sendings for this policy year:- \_\_\_\_\_

Estimate the maximum value any one sending:- \_\_\_\_\_

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

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

Overseas countries - please indicate whether imports or exports:

\_\_\_\_\_

Total annual value of shipments last year:- \_\_\_\_\_

Estimate of total value of shipments for this policy year:- \_\_\_\_\_

Maximum value any one shipment:- \_\_\_\_\_

### Section 2 - Physical Damage to Marine Structures

Please give full description and provide sketch plan:

\_\_\_\_\_

Age: \_\_\_\_\_ Total length: \_\_\_\_\_ No. of Sections: \_\_\_\_\_

What is the construction type i.e. Wood, Metal Frame or concrete? \_\_\_\_\_

Number of Covered Slips \_\_\_\_\_ Value \_\_\_\_\_ Number of Open Slips \_\_\_\_\_ Value \_\_\_\_\_

What services do you supply? \_\_\_\_\_

Supplier/Manufacturer? \_\_\_\_\_

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

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? \_\_\_\_\_

What is the reinstatement value of your marine structures  
including installation costs and services provided? \_\_\_\_\_

### Section 3 - Third Party Liability

Limit of Indemnity you require in respect of your **Third Party Liabilities**

Select from:      **1m 2m 5m**      **Specify other** \_\_\_\_\_

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.13, Physical Damage to Handling Equipment**

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 disel, 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 winterise craft for winter storage? ☐ Yes ☐ No

**If Yes, please give details**

\_\_\_\_\_  
\_\_\_\_\_

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 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 wage roll of those involved. \_\_\_\_\_

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: \_\_\_\_\_

Please give details of products to be covered: \_\_\_\_\_  
\_\_\_\_\_

Do you require **Waterborne Liabilities**? ☐ Yes ☐ No

If Yes, Limit of Indemnity required: \_\_\_\_\_

Please give details of waterborne activities to be covered: \_\_\_\_\_  
\_\_\_\_\_

#### **Section 4 - Business Interruption Cover**

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
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_____	_____	_____
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Do you employ a professional accountant? ☐ Yes ☐ No

If Yes, please provide name and address:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

### **Section 5 – Physical Damage to Handling Equipment**

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	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 Advisor.

### **Section 6 – Vessels under Construction** **Production Boat Builders**

**PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT**

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

\_\_\_\_\_

Do you have experience in building this type of vessel(s) ☐ Yes ☐ No

**If Yes**, how many years? \_\_\_\_\_

Who designed the vessel? \_\_\_\_\_

No. of vessels you have built in the last year? \_\_\_\_\_

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? \_\_\_\_\_

What is the highest **completed value** of any one vessel? \_\_\_\_\_

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? \_\_\_\_\_

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

### **Section 7 – 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 to this application

Name and Type of Vessel: \_\_\_\_\_

Class or Manufacturer's Title: \_\_\_\_\_

Please tick applicable:

☐ Sail                                      Date of purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Purchase price: \_\_\_\_\_  
☐ Monohull  
☐ Multihull                                      Current market value of the Vessel:- \_\_\_\_\_  
☐ Power

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

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: \_\_\_\_\_

Maximum designed speed of the Vessel:- \_\_\_\_\_

If over 35 knots, please complete a, b, c:-

a) ☐ inboard    ☐ outboard    ☐ stern drive    ☐ jet

b) Is the outboard fitted with an anti-theft device?                      ☐ Yes                      ☐ No

c) Is the boat used for towing water-skiers or similar activities?                      ☐ Yes                      ☐ No

Use:

☐ 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:

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

When was the mooring last surveyed? \_\_\_\_/\_\_\_\_/\_\_\_\_ By whom: \_\_\_\_\_

Is the Vessel used for racing? ☐ Yes ☐ No

If Yes, please give Full Details: \_\_\_\_\_

Date of last out of water 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.

Please provide any additional information: \_\_\_\_\_  
\_\_\_\_\_

#### DATA PROTECTION STATEMENT

Endeavour Insurance Services will use the information that you supply to administer your policy and deal with any claims. In addition your information will be used for the purposes of business development and trend, business and market analysis. Your information will be kept for as long as is required by the business for these purposes.

Where appropriate we will make checks with a licensed credit referencing agency and a record of any search will be made. Your details may be shared with insurance companies and members of the Lloyd's market for the purposes of administering your policy and for dealing with any claims. We also exchange information with other approved organisations for underwriting and fraud prevention purposes. We will only reveal your personal data to other third parties if it is necessary for the performance of your agreement with us, you have given your consent or it is required or permitted by law. You can request a copy of the details that we hold about you.

We will not supply your personal information to any third party for the purposes of marketing and we will not contact you with details of any services or special offers that might be of interest to you.

**Συγκατάθεση για τη χρήση πληροφοριών**

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει.

**Δήλωση**

Ο κάτωθι υπογεγραμμένος επιβεβαιώνω ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω.

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

**Υπογραφή \***

**Όνομα**

**Θέση της εταιρείας**

**Ημερομηνία**

\* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος