

HULL SOLUTIONS QUESTIONNAIRE

Please use block letters and tick boxes where appropriate. If requested, please provide further details in the boxes provided. If there is insufficient space please use an additional sheet of paper. A copy of the completed questionnaire will be supplied on request but you should keep a record of any information you provide for the purposes of entering into this contract of insurance. A specimen policy is available on request.

GENERAL QUESTIONS

1 NAME OF PROPOSER IN FULL (including all business partners if applicable)

2 BUSINESS ADDRESS

Website:

Post Code:

3 NATURE OF BUSINESS / BUSINESS ACTIVITIES

4 VESSEL DETAILS (including any Tenders)

Vessel name	Vessel Type	Age	Construction (including length/beam/draught & tonnage)	Maximum speed	Engine type & horsepower	Value*

Notes:

* - the vessel's value should represent its used market value in its current condition.

5 NAVIGATIONAL LIMITS

6 VESSEL CLASSIFICATION

Are any of the vessels classed with a classification society or other recognised body? (for example the Maritime and Coastal Agency)

8 WHEN WAS/WERE THE VESSEL(S) LAST SURVEYED? (if available, please attach a copy of the most recent survey report)

Vessel	Last survey date

9 WILL ANY VESSEL:

1	carry passengers or cargo?	Yes	No	
2	be hired out without a skipper?	Yes	No	
lf ye	es, please supply details in the box below or on an attached sheet			

10 IN COMMISSION PERIOD

Will any vessel be laid up for more than 6 months?

Yes		No
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Expected lying up period, location and security arrangements:

11 ANCILLARY TRAILERS

Ancillary Trailer description	Value*

Notes:

* - the trailers value should represent its used market value in its current condition.

12 THIRD PARTY LIABILITY

Limit required for third party liability:				
£1,000,000	£3,000,000	£5,000,000	Not Required	

13 YOUR BUSINESS

- A How long has the business proposed been in operation?
- B Have you or your directors or business partners ever been convicted of or charged with (but not yet tried for) a criminal offence other than a motoring offence?

No

Yes

If yes, please supply details in the box below

C Please provide details in the box below of any businesses in which you or your directors or business partners have been involved in the last five years (other than as an employee)

D	Who are your current insurers for the risk proposed?			
E	Has any insurer ever declined, cancelled, declared void or imposed special terms in respect of the risks to which this proposal relates (please include any previous businesses in which you or your directors or partners are or have been engaged)?	Yes	No	

If yes, please provide details in the box below

F Have you suffered any loss, damage or liability relating to the subject matter of this proposed insurance, whether or not a claim was made, during the last five years?

No

Yes

If yes please supply details in the box below (note – the amount of loss figures should represent the total amount of the claim before deduction of any applicable excess)

	Date	Loss details	Cover type (e.g. vessel or third	Amount of loss		
Date			party liability)	Paid	Outstanding	

Form completed by:

Signature (s)	Date	
Print name (s)		
Position(s) held / Title		

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