

MARINE TRADES SOLUTIONS INSURANCE

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.

Words appearing in ***bold italic*** in this form are defined on the back pages.

GENERAL QUESTIONS

1. Name of proposer in full (including all business partners if applicable)

2. Business Address

website:	Post Code:
----------	------------

a. Please provide the addresses of all additional locations at which cover is required in the box below

b. Are any of the above locations occupied by more than one business?

Yes No

If Yes, please provide details in the box below

3. Business Activities

Do you arrange or undertake and require cover for the following activities. If yes, please provide your estimated annual turnover:

Activity		Turnover	% Subcontracted
<i>Food and drink sales</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Fuel sales</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Harbour commission operations</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Harbour emergency services</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Harbour landlord operations</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Marine equipment repair</i> (other than vessels)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Navigational services</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
Are you responsible for maintenance of channel depth?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Parts and equipment sales</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Sailing tuition</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel building</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel hire</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel launching</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel lift operations</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel mooring</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel repair</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel sales</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel servicing (other than repair)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
<i>Vessel storage</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/> %

If yes to 'Other', please provide details of the activities undertaken together with estimates of your turnover for these activities in the box below

4. Policy Limit

Please state the **policy limit** required

£

Section I – Third Party Liability

Note – coverage under this section does not include liabilities arising from vessels owned by, managed by, chartered by or hired, leased or loaned to you, or vessels being constructed by you, whilst afloat. If cover is required for such risks, please complete details under Section 4 (Builders' Risks) or Section 6 (Vessels) below.

a. Please select the **section limit** you require: £1,000,000 £2,000,000 £5,000,000

If any other limit is required, please provide details

£

b. Do you ever undertake work away from any premises owned or operated by you? Yes No

If Yes, please provide details

Work undertaken	Geographical location (e.g. <i>British Isles, France, Spain, North America</i> etc)

c. Please provide details (including purpose of use, estimated turnover applicable for next 12 months etc) for any products supplied to **North America**.

--

d. Will you design, give advice or prepare specifications other than as part of a business activity for which cover is provided? Yes No

If Yes, please give details including products involved and staff qualifications and experience

--

e. Do any of your activities involve the supervision of children or vulnerable adults? Yes No

If Yes, please provide details

--

f. Are you aware of any circumstances that might result in a claim being made against you in respect of physical damage or injury arising as a result of any products manufactured, sold or supplied by you? Yes No

If Yes, please provide details

--

Section 2 – Insured Property

a. Do you require cover for damage to your own **buildings**? Yes No

If yes, please provide details in the box below

Building address	*value

*Note: the value should represent the cost of reinstatement and should include, where applicable, allowances for professional fees, debris removal and the cost of complying with local authority or central government requirements

1. Are all **buildings** of standard construction and constructed from non-combustible materials (e.g. constructed from brick, stone or concrete and roofed with slate, tiles or concrete)?

Yes No

If No, please provide details in the box below

Building	Construction

2. Are all **buildings** fitted with intruder alarm systems?

Yes No

If Yes, is the intruder alarm system:

a. installed and maintained by either a National Security Inspectorate (NSI) or Security Systems and Alarm Inspection Board (SSAIB) certified company?

Yes No

b. a confirmable alarm e.g. audio, visual, sequential?

Yes No

c. allocated with a Police Unique Reference Number (URN) and has a current level 1 Police response?

Yes No

d. fitted with remote signalling?

Yes No

If Yes to d. please provide details of remote signalling system in use (e.g. DualCom/Redcare) in the box below

--

3. Please provide full details of all other physical security measures in place at each location, for example door/window locking, static guarding, mobile guard patrols, CCTV, boundary fencing (type/height), gates/barriers (type/locking), key security, access control etc in the box below or on an attached sheet

Building/location address	Security measures

4. Are all **buildings** fitted with full automatic fire alarms? If No, please provide details in the box below

Yes No

--

a. If Yes, are the fire alarms connected by remote signalling to an alarm receiving centre or Fire Brigade?

Yes No

b. What is the attendance time of the nearest Fire Brigade?

Building	minimum time (minutes)	maximum time (minutes)

5. Are all **buildings** fitted with fully operational and maintained sprinkler systems? Yes No
6. Do you have any fire extinguishing appliances, e.g. fire extinguishers or fire blankets? Yes No
- a. If Yes, are all your fire extinguishing appliances covered by a service contract which regularly maintains them? Yes No
- b. Do you require cover for damage to **general contents**? Yes No

If Yes:

1. please state the total value of **general contents** £
2. please state the total value of machinery included within your **general contents** £
3. please state the total value of computer equipment and **office machinery** included within your **general contents** £
4. please state the maximum value of **general contents** at any one location £

- c. Do you require cover for damage to **stock**? Yes No

If Yes:

1. please state the total value of **stock** £
2. please state the total value of vessels included within your **stock**: £

Note – stock vessels are only covered under the property section whilst on land. For coverage for vessels whilst afloat or navigating, please complete details in section 6 (Vessels).

3. please state the maximum value of **stock** at any one location £

- d. Do you require cover for damage to **marine installations**? Yes No

If yes, please provide details of the **marine installations** for which cover is required in the box below or on an attached sheet.

Marine installation type (please specify if floating or fixed)	Details (including length, age, maximum draft accommodated, construction, etc)	Value*

*Note: the value for each **marine installation** must represent the cost of reinstatement and should include, where applicable, allowances for professional fees, debris removal and the cost of complying with local authority or central government requirements.

- e. please state the maximum combined value of **buildings, general contents, stock and marine installations** at any one location £
- f. The Insured Property section provides a standard limit of £1,000 for goods in transit within the British Isles by your own vehicles or by third party carrier

If any other limit or geographical limits are required, please provide details in the box below (including limit required, geographical limits required, annual value of sendings, type of goods, number of vehicles owned/operated by you, method of transit e.g. post/road/rail etc)

g. The Insured Property section provides a standard limit of:

- £1,000 for damage to **money**, and
- £10,000 for personal injury to you, your directors or your employees arising as a result of robbery or attempted robbery whilst carrying money for the purposes of the business.

If any other limit is required, please provide details in the box below (including limit required, estimated annual amount of money carried/handled in connection with the business, numbers of employees persons carrying money on your behalf and the number of times per year money is carried)

Section 3 – Insured Handling Equipment

Do you require cover for damage to **handling equipment** owned, hired, leased or loaned to you? Yes No

If Yes:

a. please state the total value of **handling equipment** owned, hired, leased or loaned to you

b. please state the maximum total value of **handling equipment** at any one location

c. Please provide details of the equipment for which cover is required in the box below or on an attached sheet.

*Note – for basis of valuation select from: NRV – New Replacement Value/UMV – Used Market Value/LHV – Lease Hire Value (the agreed value in any lease hire agreement)

Equipment	Value	* Basis of valuation (NRV/UMV/LHV)	Age

Section 4 – Builders’ Risks

Do you require cover for physical loss of or damage to, or your liability arising from, any vessel or any section of the hull or superstructure of any vessel whilst being constructed by you? Yes No

a. Please advise the maximum value any one build

b. Please advise the total value of builds at any one location

c. Please select the limit you require for your liability to third parties arising whilst such builds are afloat:
 £1,000,000 £2,000,000 £5,000,000

If any other limit is required, please provide details

d. Please provide details of the locations where construction is undertaken in the box below or on an attached sheet

Address (if different to the risk address)	Type of vessel built	Details (e.g. risk management at site, fire fighting facilities, proximity of nearest fire brigade, details of last survey, method of construction used etc)

e. Please advise the average build period

f. Please advise the number of builds under construction at any one time

g. Please provide the addresses of the ports of launch in the box below or on an attached sheet

h. Is any build or part of any build subcontracted by you? If yes please provide the identity of any subcontractors used and the activities undertaken by them in the box below, including details of any applicable contractual terms or liability insurance in place.

Section 5 – Business Interruption

Do you require cover for business interruption? Yes No

If Yes:

a. please provide your annual gross revenue

b. please state the **section limit** required

c. The Business Interruption section has a standard maximum indemnity period of 12 months unless any more specific limit is shown in the policy wording or any applicable endorsement. Please provide details if you require any alteration to this limit in the box below.

- d. Do you require cover for business interruption following:
- 1. damage to insured **buildings, general contents, stock** and/or **marine installations?** Yes No
 - 2. damage to insured **handling equipment?** Yes No
 - 3. damage to any vessels or parts of vessels under construction? Yes No
 - 4. damage to **own vessels?** Yes No
 - 5. **prevention of access?** Yes No
 - 6. interruption to your gas, electricity, water or telecommunications supply? Yes No

Section 6 – Vessels

Do you require cover for **own vessels?** Yes No

If Yes:

a. Please advise the maximum value of **own vessels** at any one location

b. Please select the limit you require for your liability to third parties:
£1,000,000 £2,000,000 £5,000,000

If any other limit is required, please provide details

c. Please provide details of the **own vessels** to be insured in the box below or on an attached sheet

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

Notes: *please indicate if vessels are work vessels or stock vessels – **the vessel's value should represent its used market value in its current condition

d. Please state the navigational limits required

e. Are any of the vessels classed with a classification society or other recognised body? If yes, please supply details in the box below

f. Please supply details of crew and qualifications in the box below or on an attached sheet

g. When was/were the vessel(s) last surveyed? (if available, please attach a copy of the most recent survey report)

Vessel	Last survey date

h. Will any vessel:

1. carry passengers or cargo?

Yes No

2. be hired out without a skipper?

Yes No

If yes, please supply details in the box below or on an attached sheet

i. Do you require cover for any trailers used to transport **own vessels**?

Yes No

If yes, please provide details in the box below:

Trailer type	Number of trailers	*Value

Note – the trailer value should represent its used market value in its current condition

Employers' Liability Extension

Do you require cover for employers' liability?

Yes No

*Note: the employers' liability extension has a standard limit of £10,000,000, reducing to £5,000,000 for any claim arising as a result of terrorism.

If Yes:

a. Who is responsible for your risk management policy (health and safety, quality control and environment)?

Name:

Position held and any qualifications:

b. Please provide details of how risk management policies are communicated to **employees** in the box below.

c. Please provide details of how you demonstrate your commitment to implementing risk improvement measures in the box below.

d. Have you been subject to any prohibition or enforcement actions by any regulatory body in the past five years? If Yes, please provide details in the box below

Yes No

e. Please provide examples of the risk improvement measures than have been introduced to control the risks from the business activities in the box below.

f. Please provide details of your accident and incident reporting and investigation procedures, and any procedures for addressing product complaints, in the box below.

g. Have you in the last 10 years:

1. held any form of asbestos licence?

Yes No

2. worked with asbestos or asbestos containing materials where an asbestos licence was not required

Yes No

h. Please provide details of any person known to have been exposed to the risk of inhalation or ingestion of asbestos fibres as a result of your business activities over the past 10 years (details may be available from your accident or COSHH records) in the box below.

i. Please complete details of estimated wage roll for the next 12 months in the box below.

Description of all employees (e.g. clerical / cleaners / painters / engineers / woodworkers etc.)	Estimated number of employees	Estimated wages, salaries and payments for the next 12 months. (Wages, but not fees, of working directors should be included)	
		At your premises	Away from your premises
		£	£
		£	£
		£	£
		£	£

j. Do any of your **employees** work at heights in excess of 10m? If yes please provide details
in the box below.

Yes No

Estimated number of employees	Estimated wages, salaries and payments for the next 12 months.	
	At your premises	Away from your premises
	£	£

GENERAL QUESTIONS

A. Risk management

1. Do you carry out a recorded annual inspection of all **buildings** owned or operated by you to ensure they are in good condition? Yes No

N.B. The inspection should include roofs, gutters, downpipes and drains, surrounding yards, paths, driveways and external lighting

2. Do you have formal procedures for the regular removal of combustible/flammable trade or general waste? Yes No
3. Are you aware of any incidents of arson, malicious damage or graffiti at or near your location(s)? Yes No
4. Do you externally store combustible materials, waste or pallets? Yes No

If yes please indicate how closely they are stored to any building

Within 10 metres of any building More than 10 metres from any building

5. Do you use or store flammable liquids? Yes No
6. Do you use or store Liquid Petroleum Gas (LPG) cylinders or other flammable gases? Yes No
7. Do you have any combustible materials within 1 metre of electrical switchgear distribution panels, light fittings or heating appliances? Yes No
8. Do you ensure a non-combustible smoking waste receptacle is utilised in areas where smoking is legally permitted? Yes No
9. Have your fixed electrical installations been inspected/installed by a qualified electrician? Yes No

If yes, do you have an inspection/installation certificate or periodic inspection report? Yes No

Please provide the date of the last inspection:

10. Do you have a Portable Appliance Testing (PAT) procedure for your portable electrical appliances? Yes No
11. Do you use portable heaters with naked flames or hot radiant surfaces? Yes No
12. Has a competent person completed or reviewed a Fire Risk Assessment within the last 12 months in accordance with your legal responsibilities? Yes No
13. Do you have a cooking extraction system? Yes No
- If Yes, is your extraction system regularly maintained and cleaned? Yes No
14. Do you have a documented disaster recovery plan in place? Yes No

B. Your business

1. How long has the business proposed been in operation?
2. 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? Yes No

If yes, please supply details in the box below

3. 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)

4. Who are your current insurers for the risk proposed?
5. 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

6. Have you suffered any loss, damage or liability relating to the subject matter of this proposed insurance during the last five years? Yes No

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. public liability/ property/vessels/employers' liability)	Amount of loss	
			Paid	Outstanding

Form completed by:

Signature (s) Date

Print name (s)

Position(s) held/Title

DEFINITIONS

The following expressions shall have the meanings set out below when used by us in this questionnaire:

British Isles

Great Britain, Northern Ireland, the Channel Islands, the Isle of Man, the off-shore islands and the Republic of Ireland

Building

Any building (being built mainly of brick, stone, concrete or other non-combustible materials) including any:

- A) landlord's fixtures and fittings in and on the building
- B) small exterior extension, annex and/or gangway
- C) wall, gate and fence
- D) telephone line, gas and/or water main, electrical instrument, meter, piping, cabling and the like including any attached accessory and extending from the building to the perimeter of the premises or to the public mains (including those underground)

Employee

Any of the following whilst under Your direct control and/or supervision and working for You in connection with the Insured Activities:

- A) person under a contract of service or apprenticeship with You
- B) person hired to or borrowed by You (including those supplied by an employment agency)
- C) labour master
- D) person supplied by any person under a contract of service or apprenticeship with You
- E) person employed by labour only Subcontractors
- F) person undertaking study or work experience
- G) person working under the Community Offender Act 1978 or similar legislation
- H) prospective employees being assessed by You as to their suitability for employment
- I) self-employed person providing You with labour only and not being in partnership with You nor being Your franchisee.

Food and drink sales

The arrangement and/or undertaking by you of the sale and/or supply of food and/or drink for reward

Fuel sales

The arrangement and/or undertaking by you of the sale and/or supply of fuel for use by vessels for reward

General contents

Any:

- A) fixtures, fittings (but not landlord's fixtures and/or fittings) and/or other trade equipment, machinery and/or plant (but not Handling Equipment)
- B) office equipment and other contents (but not Documents and/or Data)
- C) models and moulds
- D) tenant's improvements, alterations and decorations.

Handling equipment

Any machinery, trailer and/or plant (but not any aircraft, railway rolling stock, hovercraft, vessel or vessel trailer) used for the handling and/or movement of vessels and/or goods including spare parts and/or accessories

Harbour commission operations

- A) Navigational Services
- B) Harbour Emergency Services.

Harbour emergency services

The arrangement and/or undertaking by you of the provision and/or maintenance and/or control of harbour emergency services, including facilities for firefighting, rescue, ambulance services and/or first aid

Harbour landlord operations

Leasing to, or permitting the use by any third party of any harbour facility or equipment for reward

Marine equipment repair

The arrangement and/or undertaking by you of the removal and/or repair of and/or refitting of the engine of any vessel including any parts or equipment connected to such engine, generators, dynamos, water converters, pumps, filters and/or items of a similar nature for reward

Marine installation

Any wharf, quay, dock, berth, mooring, pontoon, dolphin, breakwater, pier, jetty, buoy, pile or item of a similar nature

Money

Money; securities for money; negotiable instruments; savings stamps; unused postage stamps; vouchers, tokens or similar items entitling the holder to receipt of services, money or goods; tax or duty stamps; tickets; scratch cards and items of a similar nature

Navigational services

The arrangement and/or undertaking by you of the provision and/or maintenance and/or control of:

- A) marine navigational aids
- B) charted and advertised water depths
- C) buoyage and lighting for fairways, wrecks and obstructions
- D) navigational information and warnings
- E) pilots and/or pilotage
- F) movement and/or berthing and/or mooring of any vessel and/or activities of a similar nature for reward

North America

The United States of America, Canada, their territories or possessions and Puerto Rico

Office machinery

Photocopying machines, printers, accounting machines, telephone installations, postal and franking machines and similar office equipment

Own vessels

Any vessel (but not any vessel being constructed by you) owned, managed, operated or chartered by you including such vessel's shipboard equipment and/or any tender

Parts and equipment sales

The arrangement and/or undertaking by you of the sale and/or supply of maritime accessories, spares and/or consumables (excluding fuel) for reward

Policy limit

The maximum amount we will pay for any claim or series of claims arising out of one event

Prevention of access

Any sudden event which was neither expected nor intended by you occurring on an identifiable, specific date resulting in the blockage of:

- A) any insured property comprising a berth, wharf or quay used by you for the purposes of mooring vessels or
- B) any approach channel or waterway to any insured property as described in a. above or
- C) any land access to any premises owned or operated by you as a result of:
 1. damage to property in the immediate vicinity of such premises
 2. murder, suicide or robbery occurring at such premises or those in the immediate vicinity.

Sailing tuition

The arrangement and/or undertaking by you of sailing tuition

Section limit

The maximum amount that we will pay under each section of this policy:

- A) for any claim or series of claims arising out of any one event and
- B) in total for the period of insurance if the section limit is shown as "in the aggregate"

section limits are inner limits contained within the **policy limit**

Stock

Any:

- A) stock and materials in trade
- B) work in progress (but not any vessel or any section of the hull or superstructure of any vessel being constructed by you)
- C) finished goods

Vessel building

The arrangement and/or undertaking by you of the construction of any vessel or section of the hull or superstructure of any vessel for reward including any associated design, launching, sea trials and/or testing, pre-delivery storage and/or movement and/or delivery

Vessel hire

The arrangement and/or undertaking by you of the hiring out of vessels to third parties for reward

Vessel launching

The arrangement and/or undertaking by you of the:

- A) provision of Vessel launching facilities
 - B) launching or retrieving of any vessel into or from water including any associated pre-launch or post retrieval movement
- for reward

Vessel lift operation

The arrangement and/or undertaking by you of the lifting of any vessel or any part of any vessel into or out of water for reward

Vessel mooring

The arrangement and/or undertaking by you of the provision of mooring facilities for reward

Vessel repair

The arrangement and/or undertaking by you of the repair and/or refitting of any vessel or part of any vessel for reward (excluding **marine equipment repair**) including any associated design, launching, sea trials and/or testing, storage and/or movement and/or delivery

Vessel sales

The arrangement and/or undertaking by you of the sale or supply of any vessel for reward including any associated:

- A) pre-delivery storage
- B) movement and/or delivery

Vessel servicing

The arrangement and/or undertaking by you of the servicing of any vessel or part of any vessel for reward (excluding **marine equipment repair** and/or **vessel repair**) including any incidental:

- A) storage
- B) movement and/or delivery
- C) repair

Vessel storage

The arrangement and or undertaking by you of the storage of any vessel for reward including any associated:

- A) preparation for storage and/or removal from storage
- B) movement and/or delivery