

## RSA MARINE TRADES ALLIANCE QUICK QUOTE APPLICATION FORM

It is important that you complete this form as fully and accurately as possible in order that we can provide you with accurate terms. Please note that the information provided herein will be used in underwriting and setting the terms and conditions of your insurance policy should one be issued

Therefore coverage may be declined, the policy cancelled or terms amended at our discretion should information be inaccurate

### General Information

Name if insured including operation names:

Full details of business activities

Postal Address:

Risk Address

1)	
2)	
3)	
4)	

Currency of the policy (The same currency should be used throughout this form.)

Has a claim been made in the past 5 years?

If yes, please give details. (whether a claim was made or not)

Your total years in business

Total years under current management

Total years of relevant experience of marina/yard manager

If less than 5 years, please provide full details of previous business experience

### 1. Liability Information

Declaration of gross receipts/turnover for coming 12 months: -

Mooring	
Storage	
Fuel sales	
New boat sales from stock	
Boat brokerage fees	
Parts & equipment sales	
Boat building	
Boat repairs	

Hauling/launching fees		
Sailing tuition		
Yacht club fees		
Boat rentals		
Restaurant sales		
USA sales		<u>Description</u>
Other (Describe)		
Other (Describe)		

Total gross receipts  0

Any subcontractors used?

If yes, describe subcontracted operations: -

Do you check subcontractors have their own liability cover?

If yes what is their limit of liability?

Percentage of subcontracted works

If more than 25% please describe

Limit of liability you require  If other, please specify

Do you use lifting and/or handling equipment?  If other, please specify

	Description	Age	Lifting capacity	Last maintenance inspection (in Months)
1)				
2)				
3)				
4)				
5)				

Frequency of maintenance inspections  If other, please specify

**Property Information**

Perimeter security gated & fenced?   
 24h on site security   
 Night watchman   
 Floodlights   
 CCTV

3. Buildings section?

	Value	Age	Use	Construction	Alarm	Roller Shutters	Deadlocked Doors	Padlocks
1)								
2)								
3)								
4)								
5)								

Total

3. Contents section?

	Values		Values
Machinery & plant	<input type="text"/>	Business tools	<input type="text"/>
Boat stock (on land)	<input type="text"/>	Employees tools	<input type="text"/>
Boat stock (afloat)	<input type="text"/>	Customer goods	<input type="text"/>
Parts & accessories stock	<input type="text"/>	Other (describe)	<input type="text"/>
Other stock	<input type="text"/>	Other (describe)	<input type="text"/>
Furniture, fixtures & fittings	<input type="text"/>	Other (describe)	<input type="text"/>
Electronic equipment	<input type="text"/>	Other (describe)	<input type="text"/>

Total Contents

4. Lifting & handling equipment section?

	Value	Make & model
1)		
2)		
3)		
4)		
5)		

Total lifting & handling equipment

**5. Marina installations section**

	Value	Age	Construction	Professionally built?	Built by?
Floating pontoons					
Fixed pontoons					
Breakwaters					
Quays/piers					
Piles, anchors etc.					
Electrical installations					
Other (describe)					

Total of marina installations

**6. Builders risk section?**

Type of craft	Maximum values at risk any one time	Maximum values at risk any one vessel

Limit of liability required whilst afloat

**7. Business interruption section?**

Estimated gross profit for next 12 months   
 Increased cost of working/extra expense limit

Indemnity period required

**Extensions required**

Prevention of access  Suppliers extension  Failure of utilities

**8. Own vessels section?**

	Value	Age	Use	Limit of liability whilst afloat
1)				
2)				
3)				
4)				
5)				
6)				
<b>Total</b>	<b>0</b>			

If more than 6 vessels please provide a schedule

**9. Goods in transit section**

**Goods in transit (by land including short ferry crossings on trailers, rail, air.)**

**Own vehicle**

Annual total sendings	Maximum distance transited	Average distance
Maximum value any one sending		
Average value of any one sending		

**Courier vehicle**

Annual total sendings	Maximum distance transited	Average distance
Maximum value any one sending		
Average value of any one sending		

**Money section required?**

	Cover required?	Limit required
During business hours/transit/night safe		
Locked safe outside business hours		
At directors residence/principals office		
Other (describe)		

**PLEASE PROVIDE A SKETCH OF THE BUSINESS PREMISES WHERE COVER IS REQUIRED**

**Declaration (to be signed by the proposer)**

**Signing this form does not bind Underwriters or the proposer to complete the insurance but it is agreed that this Proposal shall be the basis of the contract should a policy be issued.**

**The "Proposal" includes this form, all attachments and all other documents or representations made to Underwriters.**

**This Proposal shall be governed by the laws of England and any disputes arising under it shall be resolved in the English High Court of Justice which shall have exclusive jurisdiction, except as may be expressly agreed by Underwriters to the contrary.**

**We recommend that you keep copies of letters, this proposal form and all other information supplied to us for the purpose of obtaining a quotation.**

**I the undersigned, warrant the truth and accuracy of the statements contained in this proposal. I understand that any false statements made or material facts withheld may prejudice, the validity of, or any right to indemnity under the insurance for which I am proposing.**

**Name of Proposer:**

**Position Held:**

**Company:**

**Signed & Dated:**