

**Agent**

Place your cursor on the first blue text field, enter details, press the 'Tab key' on your keyboard and cursor moves to the next field.

Name:

Address:

Telephone:

**Client**

Name:

Address:

Telephone:

Business description:

**Property at the Premises**

Cover  All Risks  Fire & Perils Only

Construction of building:

Buildings:	<input type="text" value="VALUE"/>	Target stock:	<input type="text" value="VALUE"/>
Rent:	<input type="text" value="VALUE"/>	General stock:	<input type="text" value="VALUE"/>
Tenants improvements:	<input type="text" value="VALUE"/>	Other stock...	
Office equipment:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Computers/assoc. equipment:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Machinery and other contents:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Hand tools:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Lifting plant:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Pontoons/marina installations:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Moulds & Mould Tools:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Stock Clothing:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Chandlery:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Engines:	<input type="text" value="VALUE"/>		

**Property away from the Premises**

Cover  UK  EU  Worldwide

Tools & equipment:	<input type="text" value="VALUE"/>	Other...	
Computers:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Mobile phones:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>
Property:	<input type="text" value="VALUE"/>	<input type="text" value="DESCRIPTION"/>	<input type="text" value="VALUE"/>

**Goods in Transit**

Own vehicles (limit per vehicle)

Limit per consignment:

What is being transported?...

Number of vehicles:

No of annual sendings:

UK  EU  Worldwide

**Exhibitions**

Value of goods exhibited:

Value of stand:

What is being exhibited?...

Number of exhibitions:

Exhibition expenses:

UK  EU

**Business Interruption**

Indemnity Period in months: 12  18  24  36

Gross Profit:  VALUE Book Debts:  VALUE Increased working cost:  VALUE

Extensions: Breach of canal  Denial of access  Public utilities  Customers  Suppliers

**Loss of Money**

Amount on premises during business hours:  VALUE In Safe (Limit):  VALUE

Make of Safe:  Model of Safe:

How is Safe secured:

Annual carryings of cash:  VALUE How often is cash in transit:

**Employers Liability**

Limit of Indemnity: £10,000,000

<b>Wage roll</b> Clerical/Admin: <input type="text"/> VALUE	Skipper & crew of vessels: <input type="text"/> VALUE	<b>Sub Total</b> <input type="text"/>
Service/Repair: <input type="text"/> VALUE	Sailmakers: <input type="text"/> VALUE	
Shop/Chandlery/Club: <input type="text"/> VALUE	Waterborne activities: <input type="text"/> VALUE	
Boat builder/Manufacturer: <input type="text"/> VALUE	Woodworking: <input type="text"/> VALUE	
Welding: <input type="text"/> VALUE	Other: <input type="text"/> DESCRIPTION VALUE	

**Public Liability**

<b>Limit of Indemnity</b> £1,000,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> £5,000,000 <input type="checkbox"/>	<b>Sub Total</b> <input type="text"/>
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<b>Turnover</b> Brokerage: <input type="text"/> VALUE	Mooring/Storage: <input type="text"/> VALUE
Boat sales: <input type="text"/> VALUE	Non-marine turnover: <input type="text"/> VALUE
Chandlery: <input type="text"/> VALUE	Exports ex USA/Canada: <input type="text"/> VALUE
Service/Repairs: <input type="text"/> VALUE	Exports to USA/Canada: <input type="text"/> VALUE
Lifting/Hauling out: <input type="text"/> VALUE	Heat work off premises: <input type="text"/> VALUE
Hire fleet charges: <input type="text"/> VALUE	Boat building etc: <input type="text"/> VALUE
Sale of food/drink: <input type="text"/> VALUE	Other: <input type="text"/> DESCRIPTION VALUE
Electrical Repairs: <input type="text"/> VALUE	<input type="text"/> DESCRIPTION VALUE
Type of Non-marine work: <input type="text"/>	Percentage of work on commercial vessels: <input type="text"/>
Commercial craft type: <input type="text"/>	Max length: <input type="text"/> METRES Max value: <input type="text"/> VALUE

CPA extension required? Yes  No

**Marine**

Stock craft: <input type="text"/> VALUE	Max value any one craft: <input type="text"/> VALUE
Stock trailers: <input type="text"/> VALUE	Max value any one trailer: <input type="text"/> VALUE
Vessels owned, not for sale: <input type="text"/> VALUE	Max value any one craft: <input type="text"/> VALUE
Charter hire vessels: <input type="text"/> VALUE	Max value any one craft: <input type="text"/> VALUE
Stock engines: <input type="text"/> VALUE	Max value any one engine: <input type="text"/> VALUE
Where are vessels kept? <input type="text"/>	



## General

Have you had any claims or convictions or been declared bankrupt in the last 5 years or been refused/declined insurance or had any special terms imposed? Yes  No  If 'Yes', please provide full details...

How long have you been trading?  YEARS Do you use the BMF 12th edition Terms of Business or similar? Yes  No

Have you a written Health & Safety policy? Yes  No  Have you performed a risk assessment - is this ongoing? Yes  No

Do you have a security alarm fitted? Yes  No  If 'Yes', please provide full details...

Is your alarm a NACOSS Redcare alarm? Yes  No  Do you have a regular maintenance contract in place? Yes  No

How is your premises heated?

When were the electrics last tested by a qualified independent electrician?

DD / MM / YY

Do you have appropriate fire extinguishing appliances in place? Yes  No

Is the premises subject to flooding? Yes  No  If 'Yes', please provide full details...

Do you have window locks and 5 lever door locks fitted? Yes  No  Is your premises shared with others? Yes  No

Is your premises unduly exposed to the elements? Yes  No  Is your premises built on a landfill site? Yes  No

Do you ensure that sub-contractors have their own insurance with an indemnity limit equal to or greater than your own? Yes  No

## Additional information

Anything you feel may be pertinent to any of the questions in this Proposal Form...

## Declaration

Please ensure you have answered all the questions in the sections of this proposal form for which you require cover. You must disclose all material facts likely to influence the assessment and acceptance of the risk proposed to the company. Failure on your part to do so could affect the validity of any policy issued by the company. If there is any doubt whether a fact is material or not, then it should be disclosed in any event. There is no cover in force until this has been confirmed in writing by the company. The company reserves the right to refuse any proposal. You should keep a record (including copies of letters) of all information supplied for the purpose of this insurance. A copy of the completed proposal will be supplied on request.

I/We declare that the above answers and particulars are correct and complete in every respect and that I/We have not withheld any information which might influence the decision of the company with regard to the risk proposed. I/We agree that this proposal and declaration shall form the basis of the contract of insurance between Me/Us and the company if a policy is issued.

I/We agree to accept a policy on the standard form issued by the company and to be bound by the terms and conditions thereof. Furthermore, I/We agree that if any answer has been written by any other person, such person for that purpose shall be regarded as My/Our agent and not the agent of the company.

I AGREE TO THE  
TERMS STATED IN  
THE DECLARATION



CLICK