



Marina Property Application

Company Title _____

Postal Address _____

Telephone _____ Fax _____

Website _____

Contact Name _____ Position/Title _____

E-Mail _____

Risk Address _____
if different from Postal Address

Your Broker _____

Contact Name _____

Address _____

Telephone _____ Fax _____

E-Mail _____

Within 15 Days of Inception of any risk, Allstar Financial Group, Inc. will require a copy of Surplus Lines Licence, State of Issue and details of your Broker Errors and Omissions Insurance. 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. 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. The information provided will be treated as confidential.

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 Corrie & Partners Limited. 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

Signed _____ Date _____

Print Name _____ Position/Title _____

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

Notes for the Retail Broker / Agent.

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.



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PART A - TO BE COMPLETED BY ALL APPLICANTS

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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Do you have standard trading conditions? *If Yes, please attach a copy.* [] Yes [] No

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

Year your company commenced business?

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

If Yes, which?

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

Your present Insurer:

Current Premium: \$

Renewal Date:



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TURNOVER

Annual Income Last Financial year: Estimate for current financial year: Estimate for next financial year:

\$ _____ \$ _____ \$ _____

Please provide current annual turnover relating to:

	Income %		Income %
Berthing/Storage of craft	_____ US\$		
Lifting/movement of craft	_____ US\$	Manufacturing	_____ US\$
Boat Building	_____ US\$	Chandlery sales	_____ US\$
Boat Repair	_____ US\$	Brokerage fees	_____ US\$
Boat Rental/Hire/Charter	_____ US\$	Goods in Transit	_____ US\$
Boat Sales	_____ US\$	Tuition/Sailing School	_____ US\$
Fuel Sales	_____ US\$	Passenger Carrying	_____ US\$
Other (please specify)	_____ US\$	TOTAL	_____ US\$

Are the premises occupied solely by you? Yes No

If No, give details of other occupants and their business activities and period of occupation.

Do any commercial craft use your facility Yes No

If yes, please provide details: _____

Type _____

Period of use (Average) _____

Do you carry out any type of repair work to vessels? Yes No

If yes, please provide details: _____

Materials used? GRP Steel Wood Aluminum

Maximum hull size/type/largest vessel you will carry out repairs on: _____

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Do you carry out work in respect of Osmosis treatments? Yes No

Do you construct vessels? Yes No

If Yes, Full description of vessel(s) including: type, hull construction, length, engines, etc.

Have your premises or surrounding/local area ever experienced any of the following?

Flooding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subsidence, heave, landslip or erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any severe weather / catastrophes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Distance and location of your nearest fire station: _____ miles

Do you have adequate fire fighting equipment throughout your facility? Yes No

Is an approved alarm fitted and operational when the premises are left unattended? Yes No

If Yes to either of the above, please give all relevant details regarding type of fire fighting equipment, locations and type of alarm: _____

Make of alarm and Company providing the maintenance agreement (Please enclose a copy)

SECURITY

What locks or security precautions are taken to secure:

External doors: _____

Windows: _____

Roller shutters: _____

Are any of the following installed at your premises?

Floodlights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secure fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24hr Manned security	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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CLAIMS HISTORY - TO BE COMPLETED FOR ALL APPLICATIONS

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
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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 applicable charged with or convicted of any offence involving dishonesty of any kind? [] Yes [] No

If yes, please provide details: _____

Have you ever been declined insurance, or had any special terms imposed? [] Yes [] No

If yes, please provide details: _____

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SECTION 1 PHYSICAL DAMAGE TO BUILDINGS AND CONTENTS

	Building # 1	Building # 2	Building # 3	Building # 4	Building # 5	Building # 6
Age						
Location/ Description						
Freehold or Leasehold?						
Size/Area in Square Feet						
Type of construction <i>I.e. wood, metal or other.</i>						
Occupied as						
Details of heating used						
Details of flammable products, if any, stored						
Details of fire protection and rating						
New replacement value (\$)						



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

Annual Rent Receivable \$ _____

No. of Months for which cover is required _____

Please Provide Details of any Loss Payee / Mortgagees. _____

Do you provide retail chandlery or associated retail facilities? Yes No

Maximum value of stock held at any time over all locations (excluding vessels): \$ _____

Maximum value of any one item of stock (excluding vessels): \$ _____

Item	Location No.	Description	Sum to be Insured
Machinery & Plant			
Furniture, fixtures & fittings			
Stock			
Goods held in trust			
Office Equipment			
Computer Equipment			
Chandlery			
Electronic Equipment			
Wines, Spirits & Cigarettes			
All other contents (excl. personal property)			
Other items, please specify			
Hired in plant for which you are responsible			
2nd Hand items for re-sale			
Total sum to be insured (over all locations)			\$

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Are there any other contents that are not covered above, if so, please provide details:

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.

SECTION 2 PHYSICAL DAMAGE TO MARINE STRUCTURES

Please give full description of Marine Structures to be covered:

1) _____ \$	4) _____ \$
2) _____ \$	5) _____ \$
3) _____ \$	6) _____ \$

Age: _____ Total length: _____ No. of Sections: _____

What is the construction type? I.e. Wood, Metal Frame or concrete _____

Number of covered slips _____ Number of open slips _____

Supplier/Manufacturer? _____

What services do you supply? _____

Do you have covered slips, dock, pontoons or boathouses ashore or afloat? [] Yes [] No

If Yes, please provide on a separate sheet, full details of these structures including Size, Capacity, Age, Construction and Re-Building Value including debris removal costs.

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? _____

Number of piles? _____

Are the pontoons subject to tidal conditions? [] Yes [] No

Have they been surveyed within the last 3 years? [] Yes [] No

If Yes, please attach copy



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Minimum depth of water _____ feet

Maximum depth of water _____ feet

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 (including installation costs, piles and services provided) \$ _____

SECTION 3 - PHYSICAL DAMAGE TO LIFTING EQUIPMENT

Please provide below details of all handling equipment at all locations, even if accidental damage cover for the item is not required:

Item to be insured	Age	Last mandatory Inspection date	Lifting Capacity	Current Value (\$)	Is accidental Damage required?

All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

PLEASE NOTE: Statutory inspection requirements are not included within our contract. Arrangements should be made through your Insurance Broker.

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SECTION 4 PHYSICAL DAMAGE TO BOAT DEALERS INVENTORY

Nature of your stock: _____

Item	Location No.	Manufacturer	Sum to be Insured
Vessels			
Outboard Motors			
Canoes			
Rowboats			
Boat Trailers			
Accessories			
Maximum limit of own Boat Dealers Inventory			
Maximum limit of own Boat Dealers Inventory any one location			
Maximum limit of any one vessel			

If stock includes any vessels, advise if any are kept afloat at any time: Yes No

If Yes, specify:

a) Usual location _____

b) Maximum number _____

c) Total value afloat \$ _____

Maximum limit in transit \$ _____

Maximum limit at exhibition \$ _____

If yes, specify which exhibitions and value of stock: _____



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If passenger Vessels, please give license 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 latest survey: ____ / ____ / ____

A survey report will normally be required for vessels over 15 years of age. If the last survey is within the last 3 years, a copy should be attached.



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SECTION 6: BUSINESS INTERRUPTION INSURANCE

This cover applies following loss of or damage to your property insured by us under the policy sections specified.

All Sections? Yes No

If No, please specify which Section No's required _____

Following: All Risks/Limited Perils (delete as applicable)

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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Name and address of your Accountant:

Name: _____

Address: _____
