

Boat Club Enquiry Form



| AGENT DETAILS | | | | |
|--|---------------|----------------|---------------------------|--------------------------------------|
| Agent | | | | |
| CLIENT DETAILS | | | | |
| Policyholder | | | | |
| Address | | | | |
| Post Code | | | | |
| Telephone | | | | |
| Website | | | | |
| Year business Established | | | | |
| Please describe your Club's activities | | | | |
| Is your Club a registered charity? | | Yes | No | Please give your Registration Number |
| GENERAL INFORMATION | | | | |
| Has the Club ever been/had: | | | | |
| a) cautioned for or convicted of any criminal offence or is any prosecution pending (other than minor motoring offences)? | | Yes | No | |
| b) declared bankrupt or been the subject of bankruptcy proceedings? | | Yes | No | |
| c) prosecuted or received notice of intended prosecution under any statutory regulations? | | Yes | No | |
| d) declined/cancelled or renewed Insurance with special terms imposed? | | Yes | No | |
| e) any Claims within the last 5 years? | | Yes | No | |
| CLAIM DETAILS | | | | |
| Date of Claim | Type of Claim | Value of Claim | Is this claim still open? | |
| | | | Yes / No | |
| | | | Yes / No | |
| | | | Yes / No | |
| HEALTH & SAFETY | | | | |
| Do you have a written Health and Safety Policy? | | Yes | No | |
| Have you carried out Risk Assessments? | | Yes | No | |
| Are these Risk Assessments ongoing? | | Yes | No | |
| Are any flammable substances used or stored? | | Yes | No | |
| Please give details including amounts, types and method of storage | | | | |
| Have you carried out a Control of Substances Hazardous to Health (COSHH) assessment? | | Yes | No | |
| Do you or have you handled, used or stored acid's, asbestos, chemicals, gases, explosives, flammables, radio active or other dangerous substances, or any material giving rise to dust or fumes? | | Yes | No | |

Your Property at Your Premises

| BUILDINGS | | | | |
|---|--|-------------------|----|--------------|
| Do you require cover for Buildings? | | Yes | No | |
| Construction Category | | Standard | | Non-Standard |
| What type of construction is the Building? (non-standard only) | | | | |
| Do you require cover for Subsidence? | | Yes | No | |
| SUM INSURED | | | | |
| Sum Insured; or | | | | |
| Declared Value % Uplift | | 10 / 15 / 20 / 25 | | |
| First Loss Limit | | | | |
| Do you require this sum insured to be Index linked? | | Yes | No | |
| FIRE PROTECTION | | | | |
| Does this Building have: | | | | |
| Fire Extinguishing Appliances fitted? | | Yes | No | |
| Are the Fire Extinguishing Appliances professionally inspected and maintained annually? | | Yes | No | |
| a fully operational Fire Alarm? | | Yes | No | |
| fixed gas or electric heating? | | Yes | No | |
| If 'No' please provide details | | | | |

Your Property at Your Premises (continued)

| SECURITY | | | | |
|---|--|--------------------------------|--------------------------|------------------|
| Does this Building have: | | | | |
| an Intruder Alarm fitted? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| What type is your intruder alarm? | Redcare GSM / Redcare / Dual Tech / Digital Communicator / Audible / Other | | | |
| If 'Other' please provide details | | | | |
| Who is the Installer of the alarm? | NSI/SSAIB / Professional Non NSI/SSAIB / Self installed / Other | | | |
| Is there an annual maintenance contract in force? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| CCTV? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is the CCTV monitored? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Shutters or Grilles? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Anti-Ram Raid Bollards? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| BUILDINGS RELATED ADDITIONAL ITEMS | | | | |
| Do you wish to add cover for Building related Additional Items? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| DETAILS | | | | |
| Description of Item | Sum Insured | Declared Value | % Uplift | First Loss Limit |
| Tenants Improvements | | 10 / 15 / 20 / 25 | | |
| | | 10 / 15 / 20 / 25 | | |
| | | 10 / 15 / 20 / 25 | | |
| | | 10 / 15 / 20 / 25 | | |
| LOSS OF RENT | | | | |
| Do you wish to add cover for Loss of Rent? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Indemnity Period (Rent Payable - months) | 12 / 24 / 36 | Rent Payable (annual limit) | | |
| Indemnity Period (Rent Receivable - months) | 12 / 24 / 36 | Rent Receivable (annual limit) | | |
| GLASS | | | | |
| Do you wish to add cover for Glass? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| All External Glass Sum Insured | | All Internal Glass Sum Insured | | |
| Shop Front Only Sum Insured | | Sanitaryware Sum Insured | | |
| Signs/Blinds Sum Insured | | | | |
| MARINE INSTALLATIONS | | | | |
| Do you wish to add cover for Marine Installations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| DETAILS | | | | |
| Description of Item | Sum Insured | Declared Value | % Uplift | First Loss Limit |
| Floating Pontoons | | 10 / 15 / 20 / 25 | | |
| Fixed Pontoons | | 10 / 15 / 20 / 25 | | |
| Fuel Pontoons | | 10 / 15 / 20 / 25 | | |
| Travel Hoist Bays | | 10 / 15 / 20 / 25 | | |
| Services | | 10 / 15 / 20 / 25 | | |
| Others (please specify) | | 10 / 15 / 20 / 25 | | |
| BUSINESS EQUIPMENT | | | | |
| Do you wish to add cover for Business Equipment? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| DETAILS | | | | |
| Description of Item | Sum Insured | Declared Value | % Uplift | First Loss Limit |
| Business Equipment | | 10 / 15 / 20 / 25 | | |
| Electronic Business Machines | | 10 / 15 / 20 / 25 | | |
| Lifting Equipment/Yard Plant | | 10 / 15 / 20 / 25 | | |
| Gaming Machines | | 10 / 15 / 20 / 25 | | |
| Members Effects | | 10 / 15 / 20 / 25 | | |
| Other (please specify) | | 10 / 15 / 20 / 25 | | |
| STOCK | | | | |
| Do you wish to add cover for Stock? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| DETAILS | | | | |
| Description of Stock | Sum Insured | | | |
| General Stock | | | | |
| Chandlery | | | | |
| Clothing | | | | |
| Wines/Spirits / Tobacco/Cigarettes | | | | |
| Food/General Provisions | | | | |
| Fuel | | | | |
| Other (please specify) | | | | |

Your Property away from Your Premises

| PROPERTY AWAY | | | | |
|--|--------------------------|------------------|---------------------------|---------------------------|
| Do you wish to add cover for Property Away? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| DETAILS | | | | |
| Description of Item | UK | EU + Switzerland | Worldwide excl USA/Canada | Worldwide incl USA/Canada |
| Tools | | | | |
| Laptops | | | | |
| Stock | | | | |
| Other (please specify) | | | | |
| Exhibition cover | | | | |
| Other Exhibits | | | | |
| Stands, Marquees, Furniture, Display Materials, Office Equipment | | | | |
| Expenses | | | | |

Goods In Transit

| GOODS IN TRANSIT | | | | | | |
|--|--------------------------|--------------------|--------------------------|----------------------|-----------------|-----------------------|
| Do you wish to add cover for Goods In Transit? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| DETAILS | | | | | | |
| Description of Item | No. of vehicles | Geographical Limit | Max Val any one item | Max Val any one load | Annual Sendings | Kept loaded overnight |
| Your Own Vehicles | | UK / EU | | | | Yes / No |
| Road Carrier/Rail | | | | | | |
| Postal Sendings | | | | | | |

Business Interruption

| BUSINESS INTERRUPTION | | | | |
|---|--------------------------|---------------------------|--------------------------|----|
| Do you wish to add cover for Business Interruption? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| DETAILS | | | | |
| Description of Item | Sum Insured | Indemnity Period (months) | | |
| Gross Profit - Declaration Linked | | 12 / 24 / 36 | | |
| Gross Revenue - Declaration Linked | | 12 / 24 / 36 | | |
| Increased Cost of Working | | 12 / 24 / 36 | | |
| Additional Increased Cost of Working | | 12 / 24 / 36 | | |
| Gross Rent Receivable | | 12 / 24 / 36 | | |
| Gross Rent Payable | | 12 / 24 / 36 | | |
| Outstanding Debit Balances | | 12 / 24 / 36 | | |
| EXTENSIONS TO COVER | | | | |
| DETAILS | | | | |
| Description of Extension | Sum Insured | Indemnity Period (months) | | |
| Breach of Canal | | 12 / 24 / 36 | | |
| Prevention of Access | | 12 / 24 / 36 | | |
| Exhibition Sites | | 12 / 24 / 36 | | |
| Vermin, Defects in Drains, Murder, Suicide, Food and or Drink Poisoning and Human Notifiable Diseases | | 12 / 24 / 36 | | |
| Public Utilities | | 12 / 24 / 36 | | |

Loss of Money

| LOSS OF MONEY | | | | | | |
|---|--------------------------|---|--------------------------|------------------|-------|--|
| Do you wish to add cover for Loss of Money? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |
| LIMITS | | | | | | |
| At Your Premises during business hours | Limit | At Your Premises when closed for business | | | Limit | |
| In a Locked Safe | | In a Locked Safe | | | | |
| Not in a Locked Safe | | Not in a Locked Safe | | | | |
| SAFE DETAILS | | | | | | |
| Make / Model | Serial Number | Freestanding? | How Fixed | In Alarmed area? | Limit | |
| | | | | Yes / No | | |
| In transit or in bank night safe | | Estimated Annual Cash Carryings | | | | |
| In your home or other authorised Committee Members: | Limit | | | | | |
| In a Locked Safe | | | | | | |
| Not in a Locked Safe | | | | | | |
| SAFE DETAILS | | | | | | |
| Make / Model | Serial Number | Freestanding? | How Fixed | In Alarmed area? | Limit | |
| | | | | | | |

Loss of Licence

| LOSS OF LICENCE | | | | |
|---|-----|----|---------------------------|--------------|
| Do you wish to add cover for Loss of Licence? | Yes | No | | |
| Limit of Liability | | | Indemnity Period (months) | 12 / 24 / 36 |

Employer's Liability

| EMPLOYER'S LIABILITY | | | | |
|---|-----|--|----|--|
| Do you wish to add cover for Employer's Liability? | Yes | No | | |
| The limit of Indemnity for Employers Liability is £10,000,000 | | The limit of Indemnity for Terrorism is £5,000,000 | | |
| Are you ERN exempt? | Yes | No | | |
| Please provide your Employers Reference Number (ERN) | | | | |
| Do you work at a height above 20 metres above the floor or deck? | | | | |
| If 'Yes' Please state the maximum height you work to | | metres | | |
| Are any Employee's exposed to or have they ever been exposed to noise levels in excess of 85db(A) | | Yes | No | |
| Please give details including precautions taken to prevent impairment of hearing | | | | |
| WAGES | | | | |
| Description of Item | UK | EU + Switzerland | | |
| Clerical and Non Manual | | | | |
| Instructors | | | | |
| Payments to LOSC | | | | |
| Shop Assistants/Club Staff | | | | |
| Volunteers | | | | |
| Waterbourne | | | | |
| All Others (Please Specify) | | | | |

Public & Products Liability

| COVER | | | | |
|---|-----------|------------------|--------------------------------------|--|
| Do you wish to add cover for Public Liability? | Yes | No | Public Liability Limit of Indemnity | |
| Do you wish to add cover for Products Liability? | Yes | No | Product Liability Limit of Indemnity | |
| Do you require cover for private & pleasurecraft vessels in your custody and control? | | | | |
| Maximum Length any one Vessel | 30 metres | | | |
| Do you: | | | | |
| carry out any diving activities below a depth of 3 metres? | Yes | No | | |
| or any of your employees install, service, repair or maintain gas appliances and/or storage cylinders on vessels? | Yes | No | | |
| carry out surveys, inspections, valuations or condition reports on vessels for a fee? | Yes | No | | |
| or have you in the past, discharged Trade waste into the atmosphere, sewers, waterways or elsewhere? | Yes | No | | |
| enter any agreement under which liability is assumed for injury or damage for which you would not be liable under statute or law? | Yes | No | | |
| PRODUCTS | | | | |
| Are you aware of any potentially dangerous defects in any of your goods supplied in the last 5 years? | | | | |
| Yes | No | | | |
| EXTENSIONS | | | | |
| Do you require cover for Heat Work Away? | Yes | No | | |
| Do you require cover for CPA Hired in Plant? | Yes | No | | |
| CPA Hired in Plant Value? | | | | |
| Do you require cover for Tuition? | Yes | No | | |
| Do you require cover for Libel and Slander? | Yes | No | | |
| TURNOVER | | | | |
| DETAILS | | | | |
| Description | UK | EU + Switzerland | | |
| Bar/Catering | | | | |
| Charter Vessels | | | | |
| Heat Work Away from Your premises | | | | |
| Membership Fees | | | | |
| Mooring/Storage/Lay up | | | | |
| Payments to bona fide sub-contractors | | | | |
| Sale of Chandlery, Engines, Goods & Equipment | | | | |
| Tuition | | | | |
| All Others (Please Specify) | | | | |

Personal Accident

| COVER | | | | | |
|---|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Do you require cover for Personal Accident? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basis of cover - Accidents of Occupation only | | | | | |
| DETAILS | | | | | |
| Event / Benefit | Individual / Staff? | No. of Staff | Name | Occupation | |
| Death | | | | | |
| Loss of Limbs/Eyes/Hearing/Speech | | | | | |
| Permanent Total Disablement | | | | | |
| Temporary Total Disablement (per week) | | | | | |
| Temporary Partial Disablement (per week) | | | | | |
| Loss of Index Finger/Thumb | | | | | |
| Loss of any other Finger | | | | | |
| Medical Costs | | | | | |
| Have any of the persons to be insured suffered any accident or any serious illness in the last 5 years? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Please give details | | | | | |
| Will any of the persons to be insured travel together by air or sea? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Please give details | | | | | |

Fidelity Guarantee

| COVER | | | |
|--|----------|--------------------------|--------------------------|
| Do you require cover for Fidelity Guarantee? | | <input type="checkbox"/> | <input type="checkbox"/> |
| DETAILS | | | |
| Name | Position | Limit of Liability | |
| | | | |
| | | | |
| | | | |

Club Boats & Liability

| Club Boats | | | |
|--|---|--------------------------|--------------------------|
| Do you require cover for Club Boats? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Limit of Indemnity | | £3m / £5m / £10m | |
| Basis of cover (incl UK Road Transit & Exhibitions) | | | |
| Standard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Party Only excluding Wreck Removal & Pollution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Party Only including Wreck Removal & Pollution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Commission Period | 12 months or | Laid up from (DD/MM) | Laid up to (DD/MM) |
| Cruising Range | UK Inland & Coastal Waters UK Brest to Elbe Others (Please provide details) | | |

| OWNED VESSELS | | | | | | |
|---|------------|--------------------------|--------------------------|--------------------------------|----------------------|--|
| Do you require cover for Owned Vessels? | | <input type="checkbox"/> | <input type="checkbox"/> | Third Party Limit of Indemnity | | |
| | | £3m / £5m / £10m | | | | |
| OWNED VESSEL DETAILS | | | | | | |
| Make/Model - Name | Year built | Construction | Length | Sum Insured | In Commission Period | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| EXTENSIONS | | | |
|---|--|------------------------------------|--------------------------|
| Do you require cover for Racing Risks (damage to Masts, Spars & Rigging)? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Masts, Spars & Rigging Sum Insured | |
| Do you require cover for Road Transit outside UK? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Geographical Limit | |
| Do you make any overnight stops? | | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Information

Please provide any further information you feel the Underwriters should be made aware of

Disclaimer

This Enquiry Form is not a formally binding document and therefore does not in any way form part of your client's contract of insurance.

This document is designed to act as an aide memoire for you and is not a substitute for the Statement of Fact. Nor is it considered, in any way, to be a fair presentation of risk as defined in the Insurance Act 2015.

It is intended to collate salient underwriting information in order for us to assess the risk presented by you and we may require further information once that initial assessment has taken place.

12 August 2016