

7 CREW EMPLOYED AND QUALIFICATIONS

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8 WHEN WAS/WERE THE VESSEL(S) LAST SURVEYED? (if available, please attach a copy of the most recent survey report)

Vessel	Last survey date

9 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

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10 IN COMMISSION PERIOD

Will any vessel be laid up for more than 6 months? Yes No

Expected lying up period, location and security arrangements:

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11 ANCILLARY TRAILERS

Ancillary Trailer description	Value*

Notes:

* – the trailers value should represent its used market value in its current condition.

12 THIRD PARTY LIABILITY

Limit required for third party liability:

£1,000,000 <input type="checkbox"/>	£3,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>	Not Required <input type="checkbox"/>
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13 YOUR BUSINESS

A How long has the business proposed been in operation?

B 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

C 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)

D Who are your current insurers for the risk proposed?

E 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

F Have you suffered any loss, damage or liability relating to the subject matter of this proposed insurance, whether or not a claim was made, 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. vessel or third party liability)	Amount of loss	
			Paid	Outstanding

Form completed by:

Signature (s)

Date

Print name (s)

Position(s) held / Title