

## QUESTIONNAIRE/ PROPOSAL FORM FOR INSURANCE

MARINA OPERATORS' LIABILITY

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

**Important Notice Concerning Disclosure:** It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

## SECTION 1 DETAILS OF PROPOSAL

1.	a. Name of Proposer:	Title:
	b. Address:	Postal Code:
	c. VAT No.:	
	d. Telephone No./Fax No.:	
	e. Email address:	
2.	Location of Marina and when established:	
3.	Is Marina involved in:	
	a. Provision of moorings, berths and/or buoys? Yes	🗆 No
	b. Repair, alteration and/r maintenance? Yes	🗆 No
	c. Storage? Yes	🗆 No
	d. Hauling and/or lifting out, shipping and or launching? Yes	🗆 No
	e. Fuelling and miscellaneous servicing of a transient nature? Yes	🗆 No
	f. Any other activities? Yes	□ No If Yes, please specify:

4. Describe and state capacity of any cranes, lifts or hoists used:

5. Describe and state size, type and approximate value of largest and average vessel using Marina:

6. Give details of any commercial craft using Marina:

7. What is the maximum number of vessels accommodated, split between berth, buoys and storage?

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8. Is the Marina party to any legally b provide copies.	inding contracts during the course of its	activities? 🗆 Yes 🗆 No 🛛 If Yes, please		
9. Limit of Indemnity required:				
10. Actual gross receipts, with approxi	imate percentage applicable to each act	ivity to which you checked Yes in 3 above:		
11. Describe any insurance and claims				
12. Please provide any other informati	on which would be material to Insurance	e negotiations:		
SECTION 2 DECLARATION				
<b>NOTE</b> : SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE. I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/We agree that				
this proposal shall be the basis of the c Company's usual form for this class of	contract between me/us and the Comple insurance.	ex. I/We agree to accept a Policy in the		
Proposer Name (Please print)				
Signature		Date		
		Dutc		
		Rev. 12-21		
CG United Insurance Ltd.	INSURANCE A member of Coralisle Group Ltd.	www.CGUnited.com		

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