



IMPORTANT NOTICE:

MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence Vero Marine's decision to accept this insurance and if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know. If you are in any doubt as to whether any information is material, you should disclose it to us. We recommend that you consult your insurance adviser who is your agent in these matters.

NON DISCLOSURE / MISSTATEMENT

If you fail to comply with your duty of disclosure, your insurance may be invalidated from the beginning.

COMPLETION NOTES

- Please answer ALL questions completely. If you need additional space please attach separate pages on your organisation letterhead and mark their inclusion on the proposal.
- This application must be signed and dated by an authorised officer, a director, partner, or owner of the company applying for coverage.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION**

The Proposer

Name and Address of Proposer _____

Contact for Survey _____ Ph. _____

Contact for Accounts _____ Ph. _____

Nature of Business

Please indicate the nature of operations at the Marina

- | | |
|--|--|
| <input type="checkbox"/> Provision of berths, moorings, etc | <input type="checkbox"/> Vessel storage (land-based) |
| <input type="checkbox"/> Hauling / Lifting out, slipping, etc of vessels | <input type="checkbox"/> Vessel storage (drystack) |
| <input type="checkbox"/> Fuelling & provisioning services | |
| <input type="checkbox"/> Other, please specify _____ | |

Note: This policy does not cover repair maintenance and/or alteration of vessels. If you require cover, please discuss other options with your Vero Marine underwriter

How long have you operated the business? _____ Years

Locations

Primary Location _____

- Coastal River Inland Lake

Description of navigational aids or channels in the area:

Other Location _____

Coastal

River

Inland Lake

Description of navigational aids or channels in the area:

Fuelling Services

FUELLING OPERATIONS:

Attendant? **yes ~ no** (please circle)

Self Fuel? **yes ~ no**

Type of Fuel?

Gas

Petrol

Diesel

Other

Number of pumps? _____

Auto shut off on pumps? **yes ~ no**

Number of pipes? _____

Number of tanks and capacity of each _____

Security / Safety

What security is in place? (including surveillance information)

What access restrictions and lighting are in place?

Do you display a notice visible to the public, which advises them they enter at their own risk? **yes ~ no**

If no, would you consider installing one? **yes ~ no**

Is a formal safety program in place? **yes ~ no**

Fire fighting services Paid Volunteer

Proximity to Insured Location(s) _____ kms

Do you have any exposure to flammables, explosives or chemicals (other than those referred to in "Fuelling Services" above)? **yes ~ no**

If yes, please provide details _____

Marina Operations

What limit of liability is required? NZ\$ _____

What level of deductible is required? NZ\$ _____

Are you the sole occupiers of the premises? **yes ~ no**

Do you operate:

a) under standard trading conditions? **yes ~ no**

If yes, please provide a copy

b) a mooring agreement or leasing contract that contains a disclaimer of liability? **yes ~ no**

If yes, please provide a copy of the client's disclaimers and/or berthing contracts for the marina operations

Do any commercial craft berth at the marina? **yes ~ no**

Please describe the facilities:

No. of Slipways _____

Maximum vessels at a time _____

No. of Travel lifts / No. of cranes _____

No. of Cradles / No. of hardstands _____

Floating / dry dock _____

Maximum capacity (size of vessel) _____

Any other facilities _____

Maximum number of vessels accommodated _____

Number of berthing spaces _____

Number of mooring spaces (swing or pile) _____

Age of marina _____

Number of covered storage spaces _____

Highest value any one vessel accommodated (estimated) _____

Do you sub-contract the slipway or lifting facilities? **yes ~ no**

Please state the total income from all the Marina Operations in total

Actual for the past 12 months \$ _____

Estimated for the next 12 months \$ _____

Estimate the percentage of current annual income involved in the following operations

	%		%
Berthing / storage of craft		Manufacturing	
Lifting / movement of craft		Chandlery Sales	
Boat Building		Brokerage Fees	
Boat Repair		Goods in Transit	
Boat Rental / Hire / Charter		Tuition / Sailing School	
Boat Sales		Passenger Carrying	
Other (please specify below)		Fuelling	

Piers, Jetties and Pontoons

Construction of structures _____

Please state the dimensions of the jetty and the age _____

State the current condition of the structures (if over 10 years old a survey will be required)

Is public access to the jetty restricted? **yes ~ no**

What type of vessels use the jetty? E.g. charter craft, other commercial, or private

If a vessel damages the jetty would the jetty owners hold them harmless? **yes ~ no**

If yes, why? _____

Are any vessels permanently moored at the pier or jetty? **yes ~ no**

If yes, do you own the vessel(s)? **yes ~ no**

If yes, is space leased to third parties? **yes ~ no**

If yes, is a disclaimer of liability contained in the agreement? **yes ~ no**
[If yes, please supply a copy]

General Information

Proposed Effective Date _____ Proposed Expiry Date _____

Have you held liability insurance during the past five years? **yes ~ no**

If yes, please state the Insurance Company, policy number and period of insurance

In the last five years, has any Insurer declined or cancelled insurance, refused to invite renewal, or imposed any special conditions on any of the proposers above? **yes ~ no**

If yes, to any of these, please provide full details _____

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? **yes ~ no**

Have you, your partner(s) / director(s) ever been charged with or convicted of any offence involving dishonesty of any kind? **yes ~ no**

If yes, please provide full details: _____

Claims History

Please provide history of claims losses and / or accidents related to the marina operations in the past 3 years

Date of loss	Amount of Loss before Application of any Deductible	Brief Description of Nature of Loss and Circumstances Surrounding loss	Claim Status (Note if Paid or Reserved)

Are you aware of any other circumstances not mentioned above which might give rise to a claim? **yes ~ no**

If yes, please give details _____

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention

- This Application collects personal information about you;
- The information is collected to evaluate the insurance that you seek;
- The intended recipient of the information is Vero Marine Insurance;
- The information is collected and held by Vero Marine Insurance, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the Agreement sought and is mandatory;
- The failure to provide this information may result in your Application for insurance being declined or your Agreement being void from the beginning.
- You authorise Vero Marine Insurance to obtain from any other insurers or any insurance broker or any other party any information relating to this insurance or any other insurance held by you or any claim made by you.
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration

I/We declare the answers given above and overleaf are true and correct and I/we have not withheld any information or details of previous claims or any other material fact likely to affect the acceptance of this proposal.

I/We undertake to exercise all ordinary and reasonable precautions for the safety of the marina.

I/We agree that this proposal and declaration shall be the basis of the contract between the Company and myself/ourselves; and I/we further agree to accept the Company's policy subject to the terms, exceptions, conditions and excesses contained therein.

Signature _____ Date / /

Company _____

This insurance will not be in force until this proposal has been accepted by the Company.