

Marine Trades Renewal Declaration



Insured

Policy No.

Due Date

1 DETAILS OF BUSINESS ACTIVITY

Business Activity	Actual Gross Revenue Expiring Policy Period	Estimated Gross Revenue Next Policy Period
Trailer Boat Manufacturing	\$	\$
Import of Trailer Boats	\$	\$
Export of Trailer Boats	\$	\$
Trailer Boat Sales	\$	\$
Import of Chandlery	\$	\$
Export of Chandlery	\$	\$
Accessories / Chandlery Sales	\$	\$
Sales of Bait, Tackle, Food, Beverage and other supplies	\$	\$
Boat Trailer Sales	\$	\$
Boat Broker (Your brokerage income from new vessels)	\$	\$
Boat Broker (Your brokerage income from used vessels)	\$	\$
Cruiser / Yacht Sales (new)	\$	\$
Cruiser / Yacht Sales (used)	\$	\$
Servicing / Repairs to Trailer Boats (up to 10m length)*	\$	\$
Servicing / Repairs to Boats over 10m length*	\$	\$
Finance and Insurance Provisions	\$	\$
Other - Please provide details of activities	\$	\$
Other - Please provide details of activities	\$	\$
Totals	\$	\$

* In respect of the service and repair, can we please ask you to advise:

Type of Vessel	% Split	Type of Vessel	% Split
Private Pleasurecraft		Charter Vessel	
Commercial Fishing Craft		Working Vessel (incl. tugs, barges, ferries)	
Naval Vessel		Ocean going vessels	
Government Vessel		Other (Please specify)	

Type of Work	% Split	Type of Work	% Split
Hull / Shipwright Work		Mechanical	
Rigging		Electrical	
Canopies / Covers / Sail-making		Painting / Coating / Antifouling	
Skippering		Detailing / Boat Management	
Other (Please Specify)			

2 INSURED'S ADDRESS

Insured's Postal Address

Insured's Physical Address of Business Premises

3 WORK AWAY FROM PREMISES

What is the Percentage of work performed away from your own premises: %

Does this work away involve overseas work or at marine facilities in other states? Yes No

Do you perform any work overseas? If so, please provide details: Yes No

4 OPTIONAL EXTENSIONS

Hot Works

Is cover required for Hot Work? Yes No

Do you undertake any welding, metal cutting or grinding? Yes No

If yes, please provide details of these activities and percentage of overall work:

Is Hot Works performed away from your premises? Yes No

If yes, please provide the percentage of Hot Works performed away from your premises? %

Contractors, Sub-contractors, Labour Hire

Do Contractors perform work on your behalf? Yes No

If this Personal Injury to Contractors Extension is required please provided an estimate of payments to be made to each contractor in the next 12 months and the type of work performed for you, including trade experience/qualifications and claims history.

Do Contractors carry their own insurance?	Yes	No
If yes, do you sight current proof of insurance prior to engaging Contractor(s)	Yes	No
Do you require Named Contractors to be Insured under this Policy?	Yes	No

If this extended protection is required please provide a list of the Contractors to be included, their ABN and the address they operate from. Also please provide an estimate of payments to be made to each contractor in the next 12 months, the type of work performed for you, their trade experience/qualifications and claims history.

5 STATUTORY LIABILITY

Have you ever had a pecuniary penalty and/or criminal conviction awarded against you for your business activities, including but not limited to:

- a. A discharge, dispersal, release or escape of a Pollutant.
- b. A breach of any Australian Federal, State or Territorial occupational health and safety law or regulation.

If yes, please provide all relevant details below:

6 PROFESSIONAL SERVICES LIABILITY EXTENSION

Do you require Professional Services Liability Extension	Yes	No
What percentage of your overall gross receipts relate to reports/inspections/valuations provided for a fee?		%

Please note, unless otherwise agreed, the following disclaimer must be incorporated into all reports provided for this extension to apply:

"While we have taken all reasonable care when carrying out the inspection to which this report relates and in producing the information in this report, the inspection did not and the report does not consider the condition of every part of the relevant craft. In particular, this report relates only to those parts of the craft which were able to be inspected without us undertaking major work, including (but not limited to) [Insert relevant areas of the vessel below]."

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Have you ever had a claim (whether insured or not) brought against you arising from a report/inspection and or valuation provided by you? Yes No

7 BUSINESS HISTORY

Has any insurer declined your insurance or imposed any Special Conditions on any policies held? Yes No

If so, please provide details below.

The following are details of any insurance claims, incidents reported or un-insured losses experienced in the last 5 years arising from business operations: Yes No

If yes, please provide details below.

How many years has the business been operating? years

9 SIGNED

Name:

Signature:

Title:

Date:



Nautilus Marine Insurance – A business name of NM Insurance Pty Ltd **ABN 34 100 633 038** **AFSL 227 186**

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