

# Boat Licence Training and Testing Liability Proposal



## 1. PROPOSER

Insured Full Name including any  
Subsidiary Companies

Registered Business Address

Location details of where training  
and/or testing is conducted

## 2. PERIOD & LIMIT OF LIABILITY

Period of Insurance From:      /      /      To:      /      /

Required Limit of Liability      \$      Option      \$

## 3. BUSINESS DETAILS

Full Description of Your Business  
Activities:

Number of principals / employees

Estimated Gross Revenue for the  
next 12 months      \$

Details of All Courses Conducted

Are You providing classroom training?	Yes	No
Are You providing practical training?	Yes	No
Are You using the client's watercraft for training?	Yes	No
Will You be training under 18 year old's?	Yes	No

## 4. OPTIONAL EXTENSIONS – CONTRACTORS, SUB-CONTRACTORS, LABOUR HIRE

Do sub-contractors perform work on Your behalf      Yes      No

If Personal Injury to Contractors Extension is required please provide a list of the contractors and estimate of payments to be made to each contractor in the next 12 months and details of their qualifications and claims history.

Do Contractors carry their own insurance?	Yes	No
If yes, do you sight current proof of insurance prior to engaging contractors?	Yes	No
Do you want contractors to have the benefit of cover under this policy should a claim be made against you, for their work performed by you?	Yes	No

If this extended protection is required, please provide a list of the contractors including ABN and the estimate of payments to be made to each contractor in the next 12 months and details of their qualifications and claims history

## 5. BUSINESS HISTORY

How many years has the business been operating  years

Relevant Qualifications of Proposer

Name of Present Insurer

Current Policy Due Date  /  /

Has any insurer declined Your insurance or imposed any Special Conditions? If "Yes", please provide details below: Yes No

Prior Loss History as Boat Licence Testing/Training Operator  
– Five Years

Detail of All Incidents Reported, Claims or Un-insured Losses  
– (date or year, details and amounts)

Additional Risk Information  
Please detail any additional information relating to the proposed risk

## 6. DECLARATION

Name	Title
Signature	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

**Nautilus Marine Insurance**  
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