

Marina Facilities Package Application Form

Completion of this Form

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate page and attach it to the Proposal.

Acceptance of Proposal

Cover for this insurance will not commence until agreed and accepted by Coast in writing. Coast reserves the right to decline any Proposal and to verify any information provided.

Defined Terms

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

Claims Made and Notified Insurance

Some sections of the Policy provide cover on a claims made and notified basis. This means that this Policy only covers claims first made against You during the period this Policy is in force and notified to the Insurer(s) as soon as practicable in writing while the Policy is in force. This Policy may not provide cover for any claims made against You if at anytime prior to the commencement of this Policy You became aware of facts which might give rise to those claims being made against You. Section 40(3) of the *Insurance Contracts Act 1984* (Cth) provides that where You gave notice in writing to the Insurer(s) of facts that might give rise to a claim against You as soon as was reasonably practicable after You became aware of those facts while this Policy is in force, the Insurer(s) cannot refuse to pay a claim which arises out of those facts, when made, because it was made after the expiry of the Policy.

Broker Contact

Brokerage

Broker Contact

The Applicant

Insured Name

Insured Person(s) / Directors

Website

Registered Address

 Post Code

Interested Party

ABN

ITC%

 %

From

 / /

To

 / /

Period of Insurance

At 4pm local time

Business description

Please describe your business

History

Who is the current insurer?

When does the current policy fall due?

How long have you operated this business?

If less than 5 years, please advise experience in this field

Have you or any partner(s) or director(s) of the business:

Ever had an insurance policy declined, cancelled or special conditions imposed? ☐ Yes ☐ No

If yes, please provide detail

Date

/ /

Ever been declared bankrupt?

☐ Yes ☐ No

If yes, please provide detail

Date

/ /

Been convicted of any criminal offence within the past 5 years
(other than minor traffic convictions)?

☐ Yes ☐ No

If yes, please provide detail

Date

/ /

Any other matters you should disclose?

☐ Yes ☐ No

If yes, please provide detail

Date

/ /

Claims:

Have you suffered any losses, for your business liability in the last 5 years? ☐ Yes ☐ No

If yes, please provide Date of loss / details of incident and settlement amount

Status ☐ Ongoing ☐ Closed

Have you any unreported or uninsured losses? ☐ Yes ☐ No

If yes, please provide Date of loss / details of incident and settlement amount

Have you put any preventative or corrective measures in place? ☐ Yes ☐ No

Next, we will ask you about specific business activities and premises.

Is there anything else you'd like to tell us?

Situations

	Address	State	Post Code	Occupancy Type	Status	Heritage Listed
1				<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tenants & Business Activities

	Activities	Tenants (if applicable)
1		
2		
3		
4		

Situation 1

Buildings

This product is designed for on water assets that are described as a marina or jetty and does not include structures that have walls or a roof. If you wish to insure a structure with walls and a roof, please see our business pack offering.

Marina

Type of structure	<input type="checkbox"/> No marina	<input type="checkbox"/> Fixed	<input type="checkbox"/> Floating	
Pylons	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	Year built <input type="text"/>
Gangway	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Expanded Polystyrene (EPS)	Year built <input type="text"/>
	<input type="checkbox"/> Other Non Combustible	<input type="checkbox"/> Other Combustible		
Gates	<input type="checkbox"/> None	<input type="checkbox"/> Open	<input type="checkbox"/> Swipe card access	
Ladders	<input type="checkbox"/> None	<input type="checkbox"/> Present		Year built <input type="text"/>

Fire Protection

What fire protection is present and in working order?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area	
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Security

What security is provided?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Location

Which of the following best describes where the buildings are located?

- ☐ Metropolitan or Suburban area
- ☐ Outside Metropolitan, regional or town boundaries
- ☐ Other

Is premises connected to town water? ☐ Yes ☐ No

Fire Brigade

Distance to nearest Fire Brigade

- ☐ Professional Manned 24 hours
- ☐ Professional Manned part time
- ☐ Own on site staff fire brigade Manned 24 hours
- ☐ Rural or country volunteer brigade

Hazardous Substances

Are flammable goods stored on the premises? ☐ No

☐ Yes What quantity?

In approved cabinets/bunded
storage facilities? ☐ Yes ☐ No

Do You, or do You intend to, use, store or handle hazardous substances? ☐ Yes ☐ No

If yes, please specify the substances

Do You, or do You intend to, discharge waste or
hazardous material into the atmosphere, sewer or elsewhere? ☐ Yes ☐ No

If yes please provide details

Waste material

Method of storage

Safety procedures

Situation 2

Buildings

This product is designed for on water assets that are described as a marina or jetty and does not include structures that have walls or a roof. If you wish to insure a structure with walls and a roof, please see our business pack offering.

Marina

Type of structure	<input type="checkbox"/> No marina	<input type="checkbox"/> Fixed	<input type="checkbox"/> Floating	
Pylons	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	Year built <input type="text"/>
Gangway	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Expanded Polystyrene (EPS)	Year built <input type="text"/>
	<input type="checkbox"/> Other Non Combustible	<input type="checkbox"/> Other Combustible		
Gates	<input type="checkbox"/> None	<input type="checkbox"/> Open	<input type="checkbox"/> Swipe card access	
Ladders	<input type="checkbox"/> None	<input type="checkbox"/> Present		Year built <input type="text"/>

Fire Protection

What fire protection is present and in working order?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area	
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Security

What security is provided?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Location

Which of the following best describes where the buildings are located?

- ☐ Metropolitan or Suburban area
- ☐ Outside Metropolitan, regional or town boundaries
- ☐ Other

Is premises connected to town water? ☐ Yes ☐ No

Fire Brigade

Distance to nearest Fire Brigade

- ☐ Professional Manned 24 hours
- ☐ Professional Manned part time
- ☐ Own on site staff fire brigade Manned 24 hours
- ☐ Rural or country volunteer brigade

Hazardous Substances

Are flammable goods stored on the premises? ☐ No

☐ Yes

What quantity?

In approved cabinets/bunded
storage facilities? ☐ Yes ☐ No

Do You, or do You intend to, use, store or handle hazardous substances? ☐ Yes ☐ No

If yes, please specify the substances

Do You, or do You intend to, discharge waste or
hazardous material into the atmosphere, sewer or elsewhere? ☐ Yes ☐ No

If yes please provide details

Waste material

Method of storage

Safety procedures

Situation 3

Buildings

This product is designed for on water assets that are described as a marina or jetty and does not include structures that have walls or a roof. If you wish to insure a structure with walls and a roof, please see our business pack offering.

Marina

Type of structure	<input type="checkbox"/> No marina	<input type="checkbox"/> Fixed	<input type="checkbox"/> Floating	
Pylons	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	Year built <input type="text"/>
Gangway	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Expanded Polystyrene (EPS)	Year built <input type="text"/>
	<input type="checkbox"/> Other Non Combustible	<input type="checkbox"/> Other Combustible		
Gates	<input type="checkbox"/> None	<input type="checkbox"/> Open	<input type="checkbox"/> Swipe card access	
Ladders	<input type="checkbox"/> None	<input type="checkbox"/> Present		Year built <input type="text"/>

Fire Protection

What fire protection is present and in working order?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area	
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Security

What security is provided?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Location

Which of the following best describes where the buildings are located?

☐ Metropolitan or Suburban area

☐ Outside Metropolitan, regional or town boundaries

☐ Other

Is premises connected to town water? ☐ Yes ☐ No

Fire Brigade

Distance to nearest Fire Brigade

☐ Professional Manned 24 hours

☐ Professional Manned part time

☐ Own on site staff fire brigade Manned 24 hours

☐ Rural or country volunteer brigade

Hazardous Substances

Are flammable goods stored on the premises? ☐ No

☐ Yes

What quantity?

In approved cabinets/bunded
storage facilities? ☐ Yes ☐ No

Do You, or do You intend to, use, store or handle hazardous substances? ☐ Yes ☐ No

If yes, please specify the substances

Do You, or do You intend to, discharge waste or
hazardous material into the atmosphere, sewer or elsewhere? ☐ Yes ☐ No

If yes please provide details

Waste material

Method of storage

Safety procedures

Situation 4

Buildings

This product is designed for on water assets that are described as a marina or jetty and does not include structures that have walls or a roof. If you wish to insure a structure with walls and a roof, please see our business pack offering.

Marina

Type of structure	<input type="checkbox"/> No marina	<input type="checkbox"/> Fixed	<input type="checkbox"/> Floating	
Pylons	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	Year built <input type="text"/>
Gangway	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Expanded Polystyrene (EPS)	Year built <input type="text"/>
	<input type="checkbox"/> Other Non Combustible	<input type="checkbox"/> Other Combustible		
Gates	<input type="checkbox"/> None	<input type="checkbox"/> Open	<input type="checkbox"/> Swipe card access	
Ladders	<input type="checkbox"/> None	<input type="checkbox"/> Present		Year built <input type="text"/>

Fire Protection

What fire protection is present and in working order?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area	
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Security

What security is provided?			
None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Location

Which of the following best describes where the buildings are located?

- ☐ Metropolitan or Suburban area
- ☐ Outside Metropolitan, regional or town boundaries
- ☐ Other

Is premises connected to town water? ☐ Yes ☐ No

Fire Brigade

Distance to nearest Fire Brigade

- ☐ Professional Manned 24 hours
- ☐ Professional Manned part time
- ☐ Own on site staff fire brigade Manned 24 hours
- ☐ Rural or country volunteer brigade

Hazardous Substances

Are flammable goods stored on the premises? ☐ No

☐ Yes

What quantity?

In approved cabinets/bunded storage facilities? ☐ Yes ☐ No

Do You, or do You intend to, use, store or handle hazardous substances? ☐ Yes ☐ No

If yes, please specify the substances

Do You, or do You intend to, discharge waste or hazardous material into the atmosphere, sewer or elsewhere? ☐ Yes ☐ No

If yes please provide details

Waste material

Method of storage

Safety procedures

Coverage Section: Business Property

Marinas / wharves / Piles / Jetties	\$
	\$
	\$
	\$
Total Sum Insured	\$

Coverage Section: Public and Products Liability

Do you require cover for Public & Products liability? ☐ Yes ☐ No

Turnover

What is the estimated turnover / gross income for the next 12 months \$

How many berths does the marina / jetty have?

Type of Work

Please list all activities this business carries out and the approximate turnover derived from each.

Type of work	% of turnover
Leasing of marina berths	%
Sale of fuel	%
	%
	%
	%
	%

Please check the boxes if true

The business to be insured under this policy;

Marina assets			
	Owns	Operates	Description / amount / location
Wharves / jetties / piers	<input type="checkbox"/>	<input type="checkbox"/>	
Sea / revetment wall(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Swing moorings	<input type="checkbox"/>	<input type="checkbox"/>	
Travel lift	<input type="checkbox"/>	<input type="checkbox"/>	
Boat ramp / slipway	<input type="checkbox"/>	<input type="checkbox"/>	
Hardstand	<input type="checkbox"/>	<input type="checkbox"/>	
Boat stackers	<input type="checkbox"/>	<input type="checkbox"/>	
Boat yards	<input type="checkbox"/>	<input type="checkbox"/>	

Construction / maintenance of third party			
	Yes	No	Description / amount / location
Wharves / jetties / piers	<input type="checkbox"/>	<input type="checkbox"/>	
Sea / revetment wall(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Swing moorings	<input type="checkbox"/>	<input type="checkbox"/>	
Travel lift	<input type="checkbox"/>	<input type="checkbox"/>	
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	

Do you wish to tell Us anything else?

Important Notices

Binder Agreement

Coast Insurance Pty Ltd (ABN 44 108 154 829, AFSL 268726) ('Coast') distributes the product under a binding authority as agent for the Insurer(s). The Policy is underwritten by certain underwriters at Lloyd's ('Underwriters') (proportion 75%) and HDI Global Specialty SE - Australia (ABN 58 129 395 544, AFSL 458776) ('HDI Global Specialty') (proportion 25%). Both the Underwriters and HDI Global Specialty are collectively referred to as 'We, Us, Our, the Insurer(s)' in the Policy.

Duty of Disclosure

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Privacy Statement

In this Privacy Statement the use of "We", "Us" and "Our" means the Insurer(s) and Coast unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries such as the United Kingdom and Europe.

Privacy Statement (continued)

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access HDI Global Specialty's Privacy Policy and Privacy Statement at www.hdi-specialty.com/int/en/legals/privacy, and Coast's Privacy Policy at www.coastins.com.au

I / We acknowledge that as the Insured(s), I / We:

1. must act with the utmost good faith in respect of any matter relating to this insurance
2. have a duty of disclosure as stated in this application form
3. have provided the correct information regarding previous losses and insurance history
4. confirm that all answers and statements in this application are correct and that no information has been withheld which may affect the insurer's decision to accept this application or the terms of the proposed policy.

Accepted by

Signature

Date