

Demonstration & Stock of Watercraft 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.

Broker Contact

Brokerage

Broker Contact

The Applicant

Insured Name

Insured Person(s) / Directors

Website

Registered Address

Post Code

Interested Party

ABN

ITC%

 %

Period of Insurance

From

 / /

To

 / /

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

/ /

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

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
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Activities

	Activities
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

Buildings

Please complete this section if you require cover for stock of water craft on land.

Floors Construction

☐ Concrete ☐ Wood ☐ Iron / Steel
☐ Other (Non Combustible)
☐ Other (Combustible)

Walls Construction

☐ Concrete ☐ Iron/Steel/Aluminium ☐ Brick ☐ Masonry ☐ Glass ☐ Wood
☐ Expanded Polystyrene (EPS)
☐ Other (Non Combustible)
☐ Other (Combustible)

Roof Construction

☐ Concrete ☐ Iron/Steel/Aluminium ☐ Tiles / Slate ☐ Masonry ☐ Asbestos
☐ Glass ☐ Wood
☐ Expanded Polystyrene (EPS)
☐ Other (Non Combustible)
☐ Other (Combustible)

Fire Protection

What fire protection is present and in working order?

None	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Monitored <input type="checkbox"/> Non monitored
Hose Reels	<input type="checkbox"/> Partial floor area <input type="checkbox"/> total floor area
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heat Detectors	<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
Alarm	<input type="checkbox"/> Local alarm	<input type="checkbox"/> Monitored / Back to base <input type="checkbox"/> None
Deadlocks on doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bars on windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roller shutters	<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?

<input type="checkbox"/> Main or Suburban street
<input type="checkbox"/> Within an Industrial Complex
<input type="checkbox"/> Outside Metropolitan, regional or town boundaries
<input type="checkbox"/> Other <input type="text"/>

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

Flammable Goods

Are flammable goods stored on the premises? ☐ No

☐ Yes

What quantity?

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

Customer's vessels

Do you require cover for customer's vessels, in the event of you not being at fault? ☐ Yes ☐ No
e.g. Theft, storm damage

Coverage Section: Demonstration of Water Craft

Do you require cover for demonstration of water craft? ☐ Yes ☐ No

Please advise the brands you retail

Please advise the types of vessels you retail

☐ Sport craft (kayaks / SUPs / windsurfers)

☐ Sail craft

☐ Personal Water Craft

☐ Runabouts & Ski Boats

☐ Houseboats & Pontoons

☐ Mono Hull Motor Yachts

☐ Mono Hull Sailing Yachts

☐ Power Catamarans

☐ Sailing Catamarans

☐ Trimarans

☐ Other

How best describes the maximum capable speed of the fastest vessel(s)?

Coverage Section: Stock of Water Craft

Stock on land

Do you have stock of water craft stored on land? ☐ Yes ☐ No

Please advise the percentage of water craft stock kept:

Inside

 %

Outside

 %

Maximum value, any one vessel

 \$

Maximum value, any one location

 \$

Stock afloat

Do you have stock of water craft afloat? ☐ Yes ☐ No

Please advise the minimum length of vessel stored in the water

Maximum value, any one vessel

\$

Maximum value, any one location

\$

Coverage Section: Private / Recreational Use

We can agree to extend cover under this policy to cover vessels while being used by directors and employees of the business.

Please describe how the vessels will be used;

☐ The vessels wont be used recreationally

☐ Some vessels will be used recreationally

Please describe which ones/types

☐ All vessels will be available for recreation use

Additional comments

Please indicate if the vessels will be used for any of the following:

☐ Water skiing / aquaplaning

Additional comments

☐ Power boat racing

Additional comments

☐ Yacht racing

Additional comments

☐ Available for hire / charter

Additional comments

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.

Privacy Statement (continued)

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.

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

Print Name of Insured

Signature of Insured

Date