

# Marina Operators Legal Liability Insurance Application

**IMPORTANT NOTE:** The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your insurance broker when completing this form.

## Section 1 – General Information

Applicant's name: .....

Broker's name: .....

Applicant's physical address: .....

Applicants' phone numbers: .....

Applicant's email address/es: .....

Name of operating manager of the marina: .....

Number of years experience in marina and/or boat yard operations: .....

Applicants VAT number: .....

Applicants company registration number: .....

Number of

a) Years in operation under present management: .....

b) Full time employees: .....

c) Part time employees: .....

## Section 2 – Building descriptions

This form of Policy covers liability to private pleasure type boats and equipment thereon, including motor boats and motors, in your custody for:

Repairs, maintenance, storage, mooring, hauling, launching, and while servicing with fuel, provisions, etc. List all premises, with their complete address, at which marina operations are performed.

**Note:** If you have more than three premises please attach a separate sheet that contains the information required for each premise (see information required below).

a) .....

b) .....

c) .....

Please provide the following details regarding each premise.

	Age	Construction	Use of building	Sprinkler system	
Premise A	.....	.....	.....	Yes	No
Premise B	.....	.....	.....	Yes	No
Premise C	.....	.....	.....	Yes	No

### Section 3 – Fire protection and security measures

Please answer “yes” or “no” for each premise

	Premises A		Premises B		Premises C	
	Yes	No	Yes	No	Yes	No
a) Certified central station alarm – serviced by	Yes	No	Yes	No	Yes	No
b) Watchman service when premise not opened for business	Yes	No	Yes	No	Yes	No
c) Area completely fenced and lighted – describe fences	Yes	No	Yes	No	Yes	No
d) Alarm system with outside siren	Yes	No	Yes	No	Yes	No
e) Other measures: .....						
f) Please indicate the distance from fire department: .....						
Voluntary                      Paid						
g) What is the average depth of water in the marina service area? .....						

### Section 4 – Repair operations

What was the estimated highest value of any one yacht repaired during the last 12 months?

Premise A .....

Premise B .....

Premise C .....

What was the estimated maximum value of yachts under repair at any one time during the last 12 months?

Premise A .....

Premise B .....

Premise C .....

Any welding or similar operations carried out in the yard(s)? .....

Does the yard permit owners to work on their own boats? Yes      No

If yes, please describe your restrictions imposed with regard to such work, and any tools and equipment provided to the owners for their use.

What were your gross receipts from repair operations during the last 12 months? ZAR .....

Anticipated gross receipts in the next 12 months ZAR .....



## Section 5 – Storage operations

**Note:** Boats in storage are those that are laid-up and out-of-commission during the lay-up season, not being used by anyone, either afloat (on mooring or in a slip) or ashore.

What was the maximum number of vessels stored at any one time during the last 12 months? .....

Ashore in buildings    Ashore in the open    Afloat covered    Afloat open    Mooring at buoys

Premise A

Premise B

Premise C

What was the estimated average value of an individual vessels stored during last 12 months? .....

Ashore in buildings    Ashore in the open    Afloat covered    Afloat open    Mooring at buoys

Premise A

Premise B

Premise C

What is the period of the customary lay-up in your area? To: ..... From: .....

How are vessels stored?

Stacked    Cradles    Vertical    Other

## Section 6 – Mooring and slip rental operations

How many mooring slips and/or mooring buoys are available for rental?

Covered slips    Open slips    Mooring at buoys

Premise A

Premise B

Premise C

What is the estimated average value of an individual vessel moored at such slips or buoys?

Covered slips    Open slips    Mooring at buoys

Premise A

Premise B

Premise C

What were your gross receipts from mooring and slip rental operations during the last 12 months? .....

Anticipated in next 12 months: .....

What % of members rent slip and/or buoys on a yearly basis? .....

## Section 7 – Fuelling

What were your gross receipts from fuel and oil sales during the last 12 months? .....

Anticipated in next 12 months: .....

Does a marina employee fuel the boats? Yes    No

## Section 8 – Hauling and launching

Gross receipts, if any, from hauling and launching (not in conjunction with storage or repair) last 12 months

.....  
Anticipated in the next 12 months: .....

Describe hauling and launching facilities and equipment, including transportation equipment/method:

.....  
.....

## Section 9 – Miscellaneous

Receipts for all other sales and other transient services, including mooring, not on a seasonal basis for the past 12 months:

.....  
Anticipated in the next 12 months: .....

Describe all other sales and transient services: .....

Do you own or operate any watercraft in connection with the marina activities? Yes No

If yes, we suggest that you consider applying for Hull Protection and Indemnity Insurance.

.....  
Please attach a separate document that describes your vessels, including their hull, age and value.

Are there any floating docks at any location? Yes No Overall: .....

If yes, please provide the following information

	Length (meters)	Average age	Construction/floatation material
Premise A	.....	.....	.....
Premise B	.....	.....	.....
Premise C	.....	.....	.....

Did you sign a "hold harmless" agreement (contract)? Yes No If yes, please enclose a blank specimen.

## Section 9 – Limits of Liability

	Any one vessel	Any one accident or occurrence protection and indemnity limit
Premise A	.....	.....
Premise B	.....	.....
Premise C	.....	.....

**Note:** This form of policy also covers if requested, your liability for Third Party Damage, and Third Party Loss of Life and Personal Injury, when you or your employees are operating insured boats.

## Section 10 – Loss record

Please list all claims made against in the past five years that resulted from operations covered by this form of policy. Please include the date, cause and amount paid.

.....  
.....  
.....

Who is your current insurance carrier?.....



Has any insurance company cancelled or refused to renew this type of insurance for you? Yes      No

If yes, please include the name of the company and the reason.

Name of company: .....

Reason: .....

Desired effective date: .....

**IMPORTANT:** The completion and signing of this application does not bind the applicant or the Company to effect insurance of the risk. It is submitted only for the purposes of rating and quoting, if acceptable to this Company.

To ensure a prompt quotation, please ensure the application is complete and that any coverage not required is stricken from the application. An incomplete or unsigned application will be returned.

I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information that is likely to influence the decision of the Insurers in regard to this proposal. If this proposal has been completed by any person other than the insured I/we confirm that we have the Insured's permission to do so.

Applicant's signature: .....

Date: .....

## Protection of Personal Information Act

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed/used/stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
- To compile non-personal statistical information to assist in assessing similar risks;
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Santam is an authorised financial services provider (FSP 3416), a licensed non-life insurer and controlling company for its group companies.

## Marina Operators Legal Liability Questionnaire

### Personal information of minors

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, ..... (full name of competent person), hereby provide my consent to the processing of any information provided herein relating to ..... (name of minor whose personal information is disclosed herein) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised.

### Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;

- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act. Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

**Email:** complaints@santam.co.za

**Telephone:** 0860 102 725

**Fax:** (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

**Email:** complaints.IR@justice.gov.za

**Postal address:** PO Box 31533, Braamfontein, Johannesburg, 2017

**Physical address:** JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001

## Debit order

The premium for this policy is an annual premium but may be paid by monthly debit order instalments through a bank or building society account. If you prefer to pay the premiums by monthly debit order instalments please give the following information:

Name of bank/financial institution: .....

Type of account: .....

Branch code (bank current accounts only): .....

Name of account holder: .....

Branch: ..... Account number: .....

Signature of account holder: .....

### The monthly instalments can be debited to the account on one of the following dates.

Please indicate your preference by ticking the appropriate box:

On or last working day before: 1st      or 15th

Position/designation: .....