

Proposal Form for Diving Schools / Centres / Stores / Clubs

Please complete all sections of this form. Dashes are not acceptable answers & the form will be returned to you for completion, which may delay your application. Important Restrictions and Limitations of Cover are indicated in Red Ink. Please make sure you have read and understood these notes fully.

1. Full name including any trading name					
2. Names of Directors or Partners					
3. Registered Number if a the company is a Limited Company					
4 Business Address				Postcode	
Contact Name			Position		
Telephone No		Mobile No		Fax No	
Email Address			Website Address		
Postal Address					
5. Business Description (please tick)		<input type="checkbox"/> Dive Store <input type="checkbox"/> Dive School <input type="checkbox"/> Dive Store & Dive School <input type="checkbox"/> Recreational Dive Club <input type="checkbox"/> Other (please provide details below)			
6 Date business established					
7 Status	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Other

Proposal Form for

Diving Schools / Centres / Stores / Clubs *continued*

8. Description of Business/Type of activities undertaken (include related companies &/or trading styles you want insured)			
9. Which certifying Associations does the School/Centre train to? <input type="checkbox"/> SSI <input type="checkbox"/> PADI <input type="checkbox"/> TDi/SDi <input type="checkbox"/> NAUI			
<input type="checkbox"/> APNEA <input type="checkbox"/> RAID <input type="checkbox"/> Other			
10. Instructions / training locations (You may need to tick more than one box)			
<input type="checkbox"/> Swimming Pool	To what Depth	<input type="checkbox"/> Ocean	To what Depth
<input type="checkbox"/> River	To what Depth	<input type="checkbox"/> Lake	To what Depth
<input type="checkbox"/> Dam	To what Depth	<input type="checkbox"/> Cave	To what Depth
11. Please provide a breakdown of the total turnover of your business as follows			
Diver Training	\$	Repairs & Servicing of Diving Equipment	\$
Retail Sales	\$	Other	\$
12. Please provide the	Total Number of		Annual Wages
Annual Wages			\$
Assistant Instructors/Dive Guides			\$
Non-Diving staff			\$
Qualifications & diving practices of Instructors / Assistant Instructors / Dive Guides must comply with National/Local regulations & any other Statutory Regulations, in addition to their certifying Association's recommendations for safe Diving Practice			
RISK PROFILE			
If you answer yes to any of the following questions, please provide further details on a separate sheet clearly indicating which question the information relates to.			
1. Do you ever operate from premises owned by other companies?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you provide overnight accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you provide catering facilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you provide any Instruction Courses abroad			<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposal Form for

Diving Schools / Centres / Stores / Clubs *Continued*

RISK PROFILE *Continued*

- | | |
|---|---|
| 5. Does your School/Centre utilise any other form of breathing apparatus other than standard manufacturers' open-circuit scuba diving equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does your School/Centre utilise any form of mixed gas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does your School/Centre engage in Cave Diving or underwater pot holing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Does your School/Centre run any | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oxygen Administrations courses <input type="checkbox"/> Yes <input type="checkbox"/> No | First Aid courses <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nitrox/Trimix <input type="checkbox"/> Yes <input type="checkbox"/> No | Boat handling courses etc <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diving apparatus other than SCUBA <input type="checkbox"/> Yes <input type="checkbox"/> No | Rebreather <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Other Speciality Courses (please list) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does your School/Centre participate in any form of Commercial Diving? This policy does not provide any cover for any Commercial Diving Activities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Does the School/Centre use small boats for open water dive training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Do you offer servicing on Diving Equipment? You must be approved to service Diving equipment and you must comply with any Local/National Statutory regulations for this type of business | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you have / hire out your own water for recreational diving ie lake/quarry etc? If YES, you will need to complete an additional form before we are able to provide cover in respect of your liability for operating a dive site, even if you do not hire out your water | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does the School/Centre own or operate a compressor? You must conform to all applicable National/Local regulations. The Compressor must be regularly serviced and all filter changes and services must be logged | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Is the Compressor separately insured for liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

GENERAL DETAILS

If you answer yes to any of the questions on this page, please provide further details on a separate sheet clearly indicating which question the information relates to.

- | | |
|--|--|
| 1. Have you or any director or partner in the business now proposed or for any previous business ever been insured for the risks now proposed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you or any director or partner or person to be insured had any | |
| a) previous insurance or proposal declined, cancelled or refused? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) renewal refused? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) special terms or conditions imposed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Proposal Form for

Diving Schools / Centres / Stores / Clubs *Continued*

GENERAL DETAILS *Continued*

3. Have you previously suffered any loss or damage or ever been involved in any claim/accident/incident involving any of the following:

- | | | | |
|--------------------------|--|--|--|
| A Diver | <input type="checkbox"/> Yes <input type="checkbox"/> No | A Non-Diver | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sale or hire of goods | <input type="checkbox"/> Yes <input type="checkbox"/> No | Supply of air/mixed gas | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A member of staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | Forwarding goods or services offered | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supply of food and drink | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other risk associated with this business | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Have you or any director or partner or person to be insured

- a) been convicted of or charged (but not yet tried) with any criminal offence? Yes No
- b) either personally or in any business capacity been declared bankrupt, insolvent or gone into liquidation? Yes No

5. Do you currently hold any other Insurance for any aspect of your business? If the answer is "yes" please list. Yes No

MATERIAL FACTS

Failure to declare a material fact (any fact likely to influence the Company's acceptance or assessment of this proposal) will render the insurance voidable. If you are in any doubt about whether facts would be considered material you should disclose them.

1. Are there any material facts you should disclose? Yes No

DECLARATION

- Please check this box to declare that to the best of my/our knowledge or belief that the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself/ourselves and The Underwriters. I/We accept the Company's standard form of policy and endorsements for this insurance. If applicable, I/we further agree that if I/We do not pay any installment on the due date then I/we must pay the total premium which is outstanding within 7 days of The Underwriters asking for it. If I/we do not pay the policy will be cancelled.