TRADE PROPOSAL FORM FOR INDIGO LIABILITY INSURANCE

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.

Full (Main) Company Name to be insured: _____

Any Subsidiary or Trading styles/names that need to be insured:

_____

_____

Names of Directors or Partners:

_____

_____

Registered Number if the company is a Limited Company (Ltd): _____

Business Address: _____

_____

Postcode (if applicable) : _____ Country: _____

Main Contact Name: _____ Position:_____

Telephone Number:_____ Mobile Number: _____

E Mail Address:_____ Website Address:_____

Postal Address (if different from above): _____

_____

Business Description (please tick):

- Dive Store ☐
- Dive School ☐
- Dive Store & Dive School ☐
- Recreational Dive Club ☐
- Other (please provide details below) ☐

_____

_____

Date business established at the above premises: _____ Elsewhere: _____

Business status: Self Employed / Sole Trader / Partnership / Limited Company / Other: _____

Which trade association(s) do you belong to? (if any): _____

Description of Business Activities undertaken: _____

_____

_____

Please list any additional activities (other than Scuba, Snorkel or Freediving) that are to be insured, with the additional turnover generated by each:

_____

_____

_____

Which Certifying Association Standards does the School/Centre train to?

PADI ☐ NAUI ☐ BSAC ☐ RAID ☐ SSI ☐ TDI ☐ OTHER ☐ _____

What types of locations are used for instruction/training, and to what maximum depth?

_____

Please provide a breakdown of the total turnover of your business as follows:

Diver Training £ _____ Repairs & Servicing of Diving Equipment £ _____

Retail Sales £ _____ Any Other Turnover : _____£_____

Please provide the:	Total Number of:	Annual Wages
Dive Instructors	_____	£ _____
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

INDIGO LIABILITY INSURANCE

Coverage Required:

Insured Section A - Public Liability	YES ☒ NO ☐	Limit:	£2 million GBP ☐	£5 million GBP ☐
Insured Section B - Products Liability	YES ☐ NO ☐	Limit:	£2 million GBP ☐	£5 million GBP ☐
Insured Section C – Pollution Liability	YES ☒ NO ☐	Limit:	£2 million GBP ☐	£5 million GBP ☐

RISK PROFILE:

If you answer 'YES' to any of the following questions, please provide further details in the APPLICATION NOTES below, clearly indicating which question the information relates to.

1. Do you ever operate from premises owned by other companies? YES ☐ NO ☐

2. Do you provide overnight Accommodation? YES ☐ NO ☐

3. Do you provide Catering facilities? YES ☐ NO ☐

4. Do you provide any Instruction Courses abroad YES ☐ NO ☐

5. Does the Company utilise any other form of breathing apparatus other than standard manufacturers' open-circuit scuba diving equipment? YES ☐ NO ☐

6. Does the Company utilise any form of mixed gas? YES ☐ NO ☐

7. Does the Company engage in Cave Diving or underwater pot holing? YES ☐ NO ☐

8. Does the Company run any of the following courses:

- **i) First Aid Courses** YES ☐ NO ☐
- **ii) Oxygen Administrations Courses** YES ☐ NO ☐
- **iii) Boat handling/licencing Courses** YES ☐ NO ☐
- **iv) Nitrox/Trimix Courses** YES ☐ NO ☐
- **v) Rebreather Courses** YES ☐ NO ☐
- **vi) Diving apparatus other than SCUBA** YES ☐ NO ☐
- **vii) Any Other Non-Diving Specialty Courses** YES ☐ NO ☐

9. Does the Company participate in any form of Commercial Diving? YES ☐ NO ☐

Please note that this policy does not provide any cover for any Commercial Diving Activities.

10. Does the Company use small boats for open water dive training? YES ☐ NO ☐

Please note that we may insure the liability of operating vessels up to 15 metres in length in relation to the business activities, but please contact us if you own or operated vessels in excess of this length.

11. Does the Company offer servicing of diving equipment? YES ☐ NO ☐

You must be approved to service diving equipment, and you must comply with any Local/National Statutory regulations for this type of business.

12. Does the Company hire out its own water that it owns or operates for recreational diving? YES ☐ NO ☐

(i.e. Lake/Quarry/Pool) If 'YES', you will need to provide further information 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.

13. Does the Company own or operate a compressor? YES ☐ NO ☐

You must conform to all applicable National/Local regulations. The Compressor must be regularly serviced and all filter changes and services must be logged.

14. Is the Compressor separately insured for liability? YES ☐ NO ☐

15. Is the Company registered with a National or Local Regulatory Authority? YES ☐ NO ☐

16. If **'NO'** have you applied for registration with them? YES ☐ NO ☐

GENERAL DETAILS

If you answer 'YES' to any of the following questions, please provide further details in the APPLICATION NOTES below, clearly indicating which question the information relates to.

17. Has any Company Director, Officer or Partner in the business now proposed, ever been insured for the risks now proposed? YES ☐ NO ☐

18. Has the Company or any Director, Officer, or Partner in the business, or any other person to be insured had any:

i) previous insurance or proposal declined, cancelled or refused? YES ☐ NO ☐

ii) renewal refused? YES ☐ NO ☐

iii) special terms or conditions imposed? YES ☐ NO ☐

19. Has the Company previously suffered any loss or damage or ever been involved in any claim /accident or incident involving any of the following:

i) A Diver YES ☐ NO ☐

ii) A Non-Diver YES ☐ NO ☐

iii) Sale or hire of goods YES ☐ NO ☐

iv) Supply of air/mixed gas YES ☐ NO ☐

v) A member of staff YES ☐ NO ☐

vi) Forwarding goods or services offered YES ☐ NO ☐

vii) Supply of food and drink YES ☐ NO ☐

viii) Other risk associated with this business YES ☐ NO ☐

20. Has any Director, Officer, or Partner in the business, or any other person to be insured:

i) been convicted of or charged (but not yet tried) with any criminal offence? YES ☐ NO ☐

ii) either personally or in any business capacity been declared bankrupt, insolvent or gone into liquidation? YES ☐ NO ☐

21. Do you currently hold any other insurance for any aspect of the business? YES ☐ NO ☐

MATERIAL FACTS

Failure to declare a material fact (any fact likely to influence the Insurer'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 then they should be disclosed.

Are there any material facts you should disclose? YES ☐ NO ☐

APPLICATION NOTES

_____

_____

_____

_____

DECLARATION

I 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 that this proposal, declaration and information shall be the basis of the contract between the Company and The Underwriters. I accept the Company's standard form of policy and endorsements for this insurance. If applicable, I further agree that if I do not pay any instalment on the due date then I must pay the total premium which is outstanding within 7 days of The Underwriters asking for it. If I do not pay the policy will be cancelled.

Name of Person Signing Declaration:_____

Position within Company: _____

Signature: _____

Date Signed: _____

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