

# 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 all Directors, Partners & Officers:  
\_\_\_\_\_  
\_\_\_\_\_

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	<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)	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

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:**

<b>Insured Section A - Public Liability</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Limit: £2 million GBP <input type="checkbox"/> £5 million GBP <input type="checkbox"/>
<b>Insured Section B - Products Liability</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit: £2 million GBP <input type="checkbox"/> £5 million GBP <input type="checkbox"/>
<b>Insured Section C – Pollution Liability</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Limit: £2 million GBP <input type="checkbox"/> £5 million GBP <input type="checkbox"/>
<b>Employers Liability</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit: £5 million GBP <input type="checkbox"/> £10 million GBP <input type="checkbox"/>

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

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

**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**

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## **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: \_\_\_\_\_