

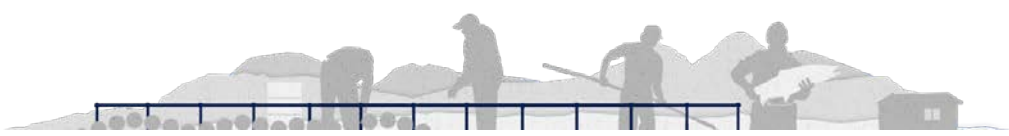


Sunderland Marine

Aquaculture Proposal Form

Fisheries

Checklist: Please make sure to include the following with your submission	Completed
<ul style="list-style-type: none">• Site diagram (please label lakes etc.)	
<ul style="list-style-type: none">• Proposed indemnity scale if different to the one provided	
Please note: there are extra pages at the back of this proposal form for any additional information	



Fisheries

Please refer to the indemnity scale below where appropriate when completing this proposal.

Indemnity Scale		
Species	Weight Range	Value per lb (GBP)
All General Coarse Fish		£5.00 per lb
Common & Mirror Carp	Up to 10 lb	£5.00 per lb
	Over 10 lb	£12.00 per lb
	Over 15 lb	£16.00 per lb
	Over 20 lb	£22.00 per lb
	25 lb Plus	£1.00 per 1lb/lb
Ghost Carp		£5.00 per lb
Crucian Carp		£5.00 per lb
Roach		£5.00 per lb
Perch		£5.00 per lb
Gudgeon		£0.55 per fish
Barbel		£8.00 per lb
Ide/Orfe		£7.00 per lb
Tench		£7.00 per lb
Rudd		£5.00 per lb
Bream		£6.50 per lb
Pike		£5.50 per lb
Chub		£8.00 per lb
Grass Carp		£7.50 per lb
Catfish (Wels)	Over 3 lb	£14.00 per lb
	Over 10 lb	£17.00 per lb
	Over 15 lb	£20.00 per lb
	Over 20 lb	£24.00 per lb

Fisheries

1 EXPLANATORY INFORMATION

The checklist and completed proposal form are necessary to correctly evaluate each operation. Failure to submit the information requested may result in delays, the indication of more restrictive terms or a disinclination to cover. Please note that this checklist is not definitive; our risk managers and underwriters may request additional information to help analyse the risk. Likewise you should include any additional information that you feel may be relevant to this submission.

2 COMPANY / SITE INFORMATION

Company

Company Name	
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Contact Name	
Position	

Company Mailing Address	
Postcode	

Tel No		Email	
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Site

Site to be Insured	
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Date Site First Established and by Whom	
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Date Site Commenced Operation Under Current Ownership	
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Site Address	
Postcode	

Location (Lat & Long)		Site Licence No.	
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Tel No		Email		Fax	
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Fisheries

Proximity of other fisheries within 5 miles (8 kilometres) of this site and/or in the same catchment

Staff

Fishery Manager's Contact Information	
First Name	
Surname	
Position	
Qualifications	
Number of Years' Experience	
Number of Years' Experience at this Site	
Mobile No	
Number of staff at this Site	

3 SITE DETAILS

Lakes				
Name of Lake	Size of Lake (Hectares)	Depth of Lake (m)		
		MIN	MAX	AVG

Fisheries

4 STOCK

- Please include all stocks in all lakes even if insurance is not required.

Stock Inventory for Each Lake

Name of Lake	Species	Number	Average Size	Maximum Size	Stock Density (lbs/acre or kg/hectare)	Insurance Required; Please State YES or NO

Total Value of Stock to be Insured	
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5 STOCK MANAGEMENT

Provide Details of Stock Assessments (frequency)	
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Provide Details of Stock Management Measures	
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Fisheries

6 HEALTH

Frequency of Health Checks:		Conducted By:	
Please Detail Any Routine or Prophylactic Treatments.			
Retained Vet Details			

7 MONITORING AND MITIGATION

Monitoring and Mitigation		
Oxygen Levels	MIN:	MAX:
Temperature	MIN:	MAX:
Details of Oxygen Monitoring		
Aeration Systems		
Any water re-use or secondary water supply and under what circumstances are they used		

8 SECURITY

Security Alarms	Yes	No

24 Hour Attendance	Yes	No

Fisheries

9 RISK

Is the site exposed to any of the following?

Particular Risks	Yes	No	If yes, Please state preventative/remedial measures
Storm			
Tsunami			
Disease / Parasites			
Blooms			
Pollution			
Predation			
Salinity Fluctuations			
Water Quality (O ₂ , T °C, etc.)			
Debris Exposure			
Freezing			
Low Water (Drought)			
High Water (Flooding)			
Pollution			
Malicious Damage			
Other (Details)			

Fisheries

10 LOSS HISTORY

If there have been no losses in the past 5 years, please delete as appropriate.

Yes	No

If yes, please indicate any losses, irrespective of whether or not it resulted in a claim, noting the site, causation, number and size of fish lost and the settlement, in the last 5 years.

Date	Cause of Loss	Species	Number	Average Weight	Gross Loss (£)	Net Settlement (£)

11 INSURANCE HISTORY

Name of Present Insurer	Renewal Date

In respect of the property, the subject of this proposal has any insurer:

(A) DECLINED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(B) CANCELLED COVER:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(C) IMPOSED RESTRICTED TERMS OR ADDITIONAL PREMIUMS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If so, please provide details

Please provide any other information which you feel may be relevant to the application for insurance

Additional Information

Additional Information

Additional Information

SIGNING THIS FORM DOES NOT BIND THE PROVIDER OR INSURER TO COMPLETE THE INSURANCE.

I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS PROPOSAL ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD OR MISREPRESENTED ANY INFORMATION REQUESTED BY THE INSURER.

FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY.

THE INSURER SHOULD IMMEDIATELY BE ADVISED OF ALL MATERIAL CHANGES OR ALTERATIONS OF THE INFORMATION PROVIDED IN THIS PROPOSAL. A MATERIAL CHANGE IS ONE WHICH WOULD INFLUENCE THE JUDGEMENT OF A PRUDENT INSURER IN SETTING THE TERMS OR PREMIUMS OR DETERMINING WHETHER TO ACCEPT (OR CONTINUE ACCEPTANCE) OF THE RISK. FAILURE TO DO SO MAY INVALIDATE YOUR INSURANCE SHOULD WE AGREE TO ENTER INTO AN INSURANCE CONTRACT WITH YOU.

SIGNATURE:	DATE:
PRINT NAME:	POSITION:
COMPANY:	
COMPANY ADDRESS:	

Please return this Form to:

MEAD Sport and Leisure Limited
PO Box 1035
Smallburgh,
Norwich, NR12 9ZL

Telephone: ANGLING HOTLINE 0800 0850 261

Or scan and email it to ask@sportsinsurancemead.com

NB If you have any technical questions then please feel free to call Robert Ferguson at Sunderland Marine direct on 0191 232 5221

HOW WE USE YOUR DATA

BY SIGNING THIS FORM YOU CONSENT TO US PROCESSING ANY PERSONAL DATA YOU DISCLOSE TO US (INCLUDING SENSITIVE PERSONAL DATA) WITHIN THE MEANING OF THE UK DATA PROTECTION ACT 1998. WE USE THIS INFORMATION, AND ANY ADDITIONAL INFORMATION WE SUBSEQUENTLY COLLECT FROM YOU IN CONNECTION WITH OUR INSURANCE POLICIES, TO:-

- i. ASSESS YOUR SUITABILITY FOR AN INSURANCE POLICY;
- ii. PROVIDE YOU WITH INSURANCE COVER;
- iii. ISSUE STATUTORY NOTICES, CIRCULARS AND CORPORATE DATA;
- iv. RENEW OR AMEND YOUR INSURANCE POLICY;
- v. RESPOND TO ANY CLAIM(S) YOU MAY MAKE;
- vi. ASSESS FUTURE PROPOSALS FOR INSURANCE;
- vii. MAKE PAYMENTS IN RESPECT OF CLAIMS UNDER YOUR POLICY ACCEPTED BY US;
- viii. CONTACT YOU WITH INFORMATION ABOUT OUR COMPANY AND OUR PRODUCTS; AND
- ix. COMPLY WITH OUR LEGAL OBLIGATIONS.

FAILURE TO PROVIDE THIS INFORMATION MAY AFFECT YOUR ABILITY TO ENTER INTO, OR CLAIM UNDER, AN INSURANCE POLICY WITH US.

TO ENABLE US TO PAY CLAIMS THAT WE HAVE ACCEPTED, WE MAY NEED TO COLLECT BANK DETAILS FROM YOU. FROM TIME TO TIME WE MAY RETAIN THESE DETAILS SECURELY TO ENABLE US TO PROCESS FUTURE CLAIM PAYMENTS. IF YOU WOULD PREFER US NOT TO RETAIN THIS INFORMATION, PLEASE LET US KNOW.

DISCLOSURE OF YOUR PERSONAL INFORMATION

BY SIGNING THIS FORM YOU AGREE THAT WE MAY DISCLOSE PERSONAL DATA WE HAVE COLLECTED, OR MAY COLLECT, FROM YOU TO:-

- i. OTHER (RE) INSURERS;
- ii. ORGANISATIONS WITHIN THE SUNDERLAND MARINE GROUP (INCLUDING GROUP ENTITIES OUTSIDE THE UK IN COMPLIANCE WITH ALL APPLICABLE DATA PROTECTION LEGISLATION);
- iii. SURVEYORS, LOSS ADJUSTERS AND OTHER INVESTIGATORS;
- iv. PROFESSIONAL ADVISORS;
- v. FINANCIAL AND/OR REGULATORY INSTITUTIONS;
- vi. ORGANISATIONS THAT PROVIDE SERVICES TO US IN RELATION TO OUR PRODUCTS; AND
- vii. LAW ENFORCEMENT AGENCIES.

THIRD PARTY INFORMATION

BY SIGNING THIS FORM YOU CONFIRM THAT YOU HAVE OBTAINED ALL RELEVANT CONSENTS FROM ALL INDIVIDUALS WHOSE DATA YOU DISCLOSE IN THIS FORM (INCLUDING BUT NOT LIMITED TO CREW, SKIPPERS, EMPLOYEES AND OWNERS). IF YOU REQUIRE ANY FURTHER INFORMATION ABOUT OUR DATA PROTECTION POLICY PLEASE CONTACT OUR COMPANY SECRETARY (+44(0)191 232 5221; info@sunderlandmarine.com).