



BERKSHIRE HATHAWAY SPECIALTY INSURANCE

Subsea and Marine Equipment

PROPOSAL FORM

Section A: General Information

1. (a) Company Name: _____
(b) Year Established: _____
(c) Address Inc. Zip Code: _____
2. (a) Your name: _____
(b) Company Position: _____
(c) Telephone: _____
(d) Email address: _____
3. Please advise the renewal date of your current policy if applicable: _____

Section B: Business Activities

1. Principle operations of the company e.g. Inspection, Maintenance, Repair, Surveying etc...
2. Principle utilisation of the equipment to be insured:
3. Is the equipment to be insured going to be used in any situations that would not be deemed as standard.
e.g. under ice, unexploded ordinance etc.

4. Equipment to be insured

Please attach a separate valued inventory OR type details here. Please split values topside/subsea and advise number of days utilisation expected over next 12 months.

Item Name	Topside / Subsea	Value	Days of Utilisation

5. (a) Who operates and maintains the equipment? The company ☐ and/or third parties ☐
(If both, please check both boxes)?

(b) If you have selected 'third party' are these third parties contractually liable to insure your equipment? Yes ☐ No ☐
If possible, please supply a specimen copy contract.

6. Do you hire in equipment? Yes ☐ No ☐
If Yes, please confirm your estimated annual rental costs: _____

7. Which principle areas of the world will the equipment be utilised in? * e.g. North Sea etc.

8. Do you employ any risk management measures, safety controls or recovery/disaster plans? *If Yes, please detail/attach separately.* Yes ☐ No ☐

9. Please advise the address of any SPECIFIC storage locations and the sum insured required at each location.

a. Location address: _____

b. Sum insured: _____

If there is more than one location, please attach details separately to this proposal.

10. Loss history

Please advise the name of your current insurers and provide details of the past five claims and losses (whether insured or not)

Name of Insurer	Year	Loss*	Excess	Cause of Loss

* Amount before any excess

11. Operator Details

Please advise details of who will be operating the equipment. If necessary, please attach additional sheets.

Name	Date of Birth	Experience*	CV attached**
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

* Years of experience operating similar equipment ** Attaching CVs may help with your application

Declaration

I the undersigned hereby confirm that I am duly authorised and do give consent to the use of information as set out above.

I also hereby declare that I am authorised to complete this proposal on behalf of the proposer. I undertake to inform underwriters of any material alteration or addition to these statements or particulars which occurs before the commencement of the period of insurance. It is hereby acknowledged and agreed that the terms conditions limitations and exclusions of the policy may be subject to alteration at any time prior to the commencement of the period of insurance should any such material alterations or additions arise. Signing of this proposal does not bind underwriters to offer nor the applicant to accept insurance.

Any material change in Underwriters exposure must be reported prior to coverage applying.

Signed* _____ Date _____

* the signatory should be a director or senior officer of, or a partner of, the company.