



PROPOSAL FORM

SUBSEA AND MARINE EQUIPMENT

Section A: General Information

- 1)
 - a) Company Name
 - b) Year Established
 - c) Address (inc postcode /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

HWS Specialty

HW Wood Limited trading as HWS Specialty
Incorporated in England – Registered No: 01565756
V.A.T Reg. No. 392 8068 63
Authorised and Regulated by the Financial Conduct Authority

A 1 Lloyd's Avenue, London EC3N 3DQ
T +44 020 7398 9000
E london@hwsspecialty.com
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Section B: Business Activities

1) Principle operations of the company eg 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 eg under ice, unexploded ordinance etc.

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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

b) If you have selected 'third party' are these third parties contractually liable to insure your equipment? (If possible please supply a specimen copy contract)

Yes

☐

No

☐

6) Do you hire in equipment?

Yes

☐

No

☐

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7) Which principle areas of the world will the equipment be utilised in? eg North Sea etc

8) Do you employ any risk management measures, safety controls or recover/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))*

**Amount before any excess*

Name of insurer	Year	Loss*	Excess	Cause of Loss

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11) Operator Details (*Please advise details of who will be operating the equipment. If necessary attach additional sheets*)

Name	Date of Birth	Experience*	CV attached**
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

*Years of experience operating similar equipment

**Attaching CVs may help with your application

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