



**Sunderland Marine**

Mutual Insurance Company Limited

**RENEWAL FORM – MARINE & FRESHWATER SITES**

<b>POLICY NUMBER:</b>	<b>RENEWAL DATE:</b>
<b>NAME OF INSURED:</b>	
<b>SITE NAME:</b>	

<b>SITE LOCATION (Latitude and Longitude):</b>	<b>SITE LICENCE NO:</b>
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<b>SHOW CHANGES TO SITE MANAGEMENT PERSONNEL</b>			
<b>FIRST NAME</b>			
<b>SURNAME</b>			
<b>DATE OF BIRTH</b>			
<b>POSITION</b>	MANAGER	ASS. MANAGER	
<b>QUALIFICATIONS</b>			
<b>NUMBER OF YEARS EXPERIENCE</b>	0	0	0
<b>NUMBER OF YEARS AT THIS SITE</b>	0	0	0
<b>MOBILE NO:</b>			
<b>TOTAL NUMBER OF PRODUCTION PERSONNEL</b>	1		

<b>WATER PARAMETERS</b>		
WATER TEMPERATURE	MIN:0	MAX:01
D.O. LEVELS	MIN:	MAX:
pH LEVELS	MIN:	MAX:
SALINITY	MIN:	MAX:

WATER CURRENT IN AREA:	MAXIMUM SPEED	IN KNOTS	DIRECTION	North
MAXIMUM FETCH/EXPOSURE:		IN MILES		
MAXIMUM WAVE HEIGHT:		IN METRES		
MAXIMUM WIND SPEED:		IN MPH		
NORMAL MINIMUM WATER DEPTH AT SITE:		IN METRES		
TIDAL VARIANCE OF WATER DEPTH AT SITE:	MIN	IN METRES	MAX	IN METRES

WATER MONITORING:	FREQUENCY:
	METHOD:

STATE ANY WATER QUALITY PROBLEMS PAST & PRESENT:
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**STOCK – CURRENT**

SPECIES	DATE OF TRANSFER	NUMBER AT TRANSFER	WEIGHT AT TRANSFER MAX/MIN	SUPPLIER	PROJECTED MORTALITY TO HARVEST	PROJECTED HARVEST WEIGHT	PROJECTED HARVEST DATE
Atlantic Salmon							

**STOCK – FUTURE (WITHIN THE NEXT 12 MONTHS)**

SPECIES	DATE OF TRANSFER	NUMBER AT TRANSFER	WEIGHT AT TRANSFER MAX/MIN	SUPPLIER	PROJECTED MORTALITY TO HARVEST	PROJECTED HARVEST WEIGHT	PROJECTED HARVEST DATE
Atlantic Salmon							

<b>OVERALL MAXIMUM STOCK VALUE: CURRENCY</b>	<b>AMOUNT</b>
<b>COVER REQUIRED:</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

**EQUIPMENT:**

TYPE: CAGES, FEED BARGE/ SYSTEM ETC	SIZE	MANUFACTURER	YR OF MANUFACTURE	MATERIAL	NUMBER	VALUE

<b>COVER REQUIRED:</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
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**NETS:**

TYPE	MAX. DEPTH	MANUFACTURER/YR	MESH SIZE e.g. 18mm	TWINE SPEC e.g. Denier / Ply	NUMBER	TAGGED YES / NO	VALUE

<b>COVER REQUIRED:</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
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### PREDATOR EXCLUSION

PREDATOR NETS (SEAL, BIRD etc)	TYPE	AGE (YR)	MANNER OF INSTALLATION	VALUE
<b>COVER REQUIRED:</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>				

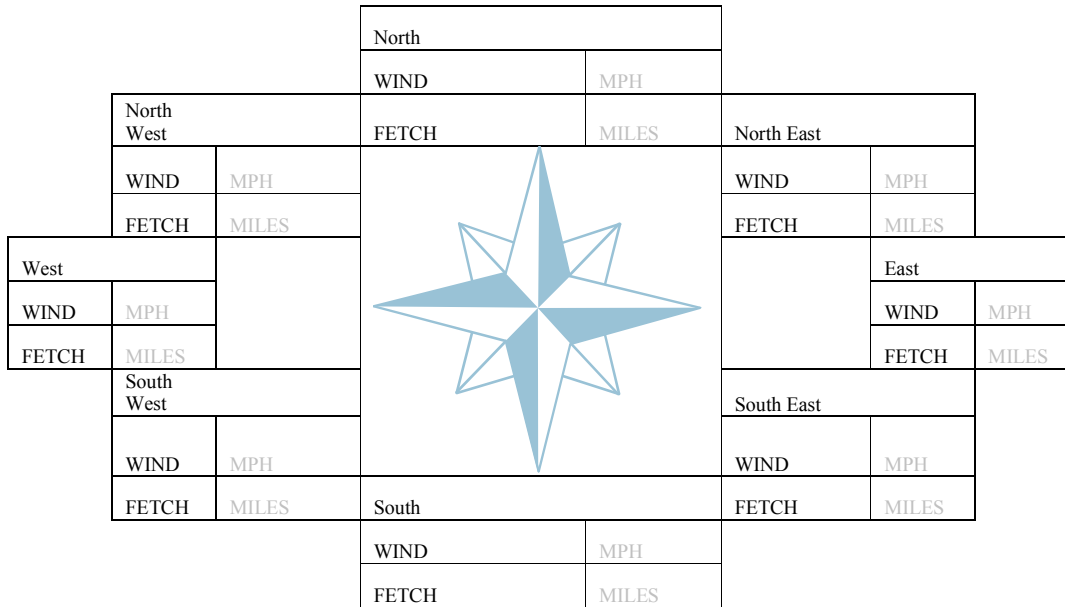
### MOORINGS & ANCHORING SYSTEM

	CONCRETE BLOCKS	ANCHORS	OTHER e.g Rock Pins	VALUE Incl; Anchors, Ropes etc.
CAGES				
BARGES				
FEEDING SYSTEMS				
OTHER				
DESIGNED / SPECIFIED BY CAGE MANUFACTURER? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>				
IF NOT WHO DESIGNED / SPECIFIED	NAME	QUALIFICATIONS	EXPERIENCE	
CAGES INSTALLED BY WHOM?	NAME	QUALIFICATIONS	EXPERIENCE	
SPARE MOORING AVAILABLE ON SITE	<b>YES</b> <input type="checkbox"/>		<b>NO</b> <input type="checkbox"/>	
<b>COVER REQUIRED:</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>				

### BOATS

TYPE	YEAR BUILT	LENGTH	TONNAGE	CONSTR- UCTION	VALUE EXCLUDING ENGINE IF OUTBOARD	OUTBOARD MAKE	YEAR OF MANUFACTURE	VALUE OF OUTBOA RD
<b>COVER REQUIRED:</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>								

**SPECIFY THE MAXIMUM WIND STRENGTH & FETCH USING COMPASS ROSE**



**SPECIFY THE LAYOUT OF THE MOORINGS IN THE DIAGRAM BELOW**

<b>CAGES</b>		
WATER SURFACE	Shackle, Hard Eyes	CONNECTION (Manufacturer & Specification)
↑		
↑	Chain, poly prop, poly steel etc	BRIDLE (Length & Specification)
↑		
↑	Through bar, safety chain etc	CUSHION FLOAT (Manufacturer & Specification)
↑		
↑	Shackle, hard eyes, mousing etc	CONNECTION (Manufacturer & Specification)
↑		
↑	Karak Ropes, poly steel etc	SCOPE ROPE (Length & Specification)
Water Depth		
↓	Shackle, hard eyes, mousing etc	CONNECTION (Manufacturer & Specification)
↓		
↓	Stud Link, plain link, long link	GROUND CHAIN (Manufacturer & Specification)
↓		
↓	Shackle, hard eyes, mousing etc	CONNECTION (Manufacturer & Specification)
↓		
↓	Samson, Plough, Block / Rock pin	ANCHORS (Manufacturer & Specification)
↓		
SEA BED	Rock, Silt, Sand etc.	DESCRIPTION OF SEA BED

**PROVIDE A DIAGRAM OF THE SITE USING THIS SHEET**

**USE BACK PAGE IF REQUIRED**

## EQUIPMENT CARE

### FREQUENCY AND EXTENT OF MAINTENANCE

CAGES	DAILY	WEEKLY	MONTHLY	ANNUALLY
BY WHOM:	NAME			
	QUALIFICATIONS		EXPERIENCE	
NETS	DAILY	WEEKLY	MONTHLY	ANNUALLY
BY WHOM:	NAME			
	QUALIFICATIONS		EXPERIENCE	
MOORINGS	DAILY	WEEKLY	MONTHLY	ANNUALLY
BY WHOM:	NAME			
	QUALIFICATIONS		EXPERIENCE	

PLEASE GIVE ANY OTHER FACTS THAT YOU FEEL MAY BE RELEVANT:

I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS FORM ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION CALCULATED TO INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO THE UNDERWRITING OF THE RISKS TO WHICH THIS FORM RELATES.

#### FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY

INSURERS SHOULD IMMEDIATELY BE ADVISED OF ALL MATERIAL CHANGES OR ALTERATIONS OF THE INFORMATION PROVIDED IN THIS FORM. A MATERIAL CHANGE IS ONE WHICH WOULD INFLUENCE THE JUDGEMENT OF A PRUDENT INSURER IN SETTING THE TERMS OR PREMIUMS OR DETERMINING WHETHER TO CONTINUE ACCEPTANCE OF THE RISK.

<b>SIGNATURE:</b>	<b>DATE:</b> DD/MM/YY
<b>PRINT NAME:</b>	<b>POSITION:</b>
<b>COMPANY:</b>	
<b>COMPANY ADDRESS:</b>	

Managers  
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