



APPLICATION FORM for CANADIAN MARINAS AND ASSOCIATED RISKS			
Calgary Office 100, 1400 1 st Street SW, Cal Tel: (403) 263-4666 Toll Free: 1-888-263-5146 Fax: (403) 237-9976	Montreal Office 300, Rue St. Sacrement, Suite (514)844-2541 Toll Free 1-888-840-2541 Fax (514)843-5926	Simcoe Office 2 Norfolk Street South Simcoe, Ont N3Y 2V9 Tel: (519)428-1688 Toll Free 1-866-401-3858 Fax (519)428-6307	Toronto Office 901 Yonge Street, Suite 106 Toronto, Ont M4W3V8 Tel: (416)925-2793 Toll Free 1-888-745-5502 Fax (416)925-7260

(Please print clearly)

BROKER INFORMATION

Brokerage: _____ Individual: _____ Date: _____

Phone: (____) _____ Fax: (____) _____

PROPOSED INSURED

Company Title _____

Postal Address _____

Postal Code _____ Telephone _____

Contact Name _____ Position _____

Risk Address (If different from Postal Address)

E-Mail _____

Website address _____

Your Broker _____

Contact Name _____

Address _____

Telephone No _____ Fax No _____

E-Mail _____

This application form is designed to obtain information, which will enable Underwriters to offer you the widest cover and most competitive indication.

Please provide as much detail as possible including brochures, photographs or plans.
The information provided will be treated as confidential.

Present Insurer _____ Number of years insured _____

Current Premium C\$ _____ Renewal Date _____

Has the business, you or any of your directors/partners of your company ever been placed in any form of liquidation, declared bankrupt or made any arrangements with creditors?
(This includes any previous company that you or any of your directors/
Partners of your company have worked.) [] Yes [] No

Have you, your partner(s) / your director(s) ever been charged with or convicted of any offence involving dishonesty of any kind? [] Yes [] No

If yes, please provide full details: _____

Have you ever been declined insurance, or had any special terms imposed? [] Yes [] No

If Yes, full details: _____

Please provide a full description of your company's business activities:

Provide details of any associated or subsidiary companies for whom cover is required:

(Also provide a description of the subsidiary companies Business activities)

Names of directors, partners and other senior employees with their relevant years experience:

Name of Partners/Director/Senior Employee	Position	Years Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have standard trading conditions? [] Yes [] No

If Yes, please attach a copy

Do you always make your customers aware of them prior to any transaction? [] Yes [] No

Do you waive any rights of recourse for claims against any of your suppliers? [] Yes [] No

Do you/your company have any assets in any
Jurisdiction governed by the USA?

[] Yes [] No

If yes, details: _____

Year your company commenced business? _____

Are you registered for GST?

[] Yes [] No

Are you or your company a member of a trade
or professional association?

[] Yes [] No

Did your company trade profitably last year?

[] Yes [] No

If No, please provide a copy of your audited accounts for the last 2 years.

Do you anticipate that your company will trade in surplus this year?

[] Yes [] No

Revenue

Please advise financial or other interested parties together with their specific interest.

Annual Revenue

Last Financial year:
Financial year:

Estimate for current
financial year:

Estimate for next
financial year:

C\$ _____

C\$ _____

C\$ _____

Please provide current annual turnover relating to:

	Turnover %	C\$		Turnover %	C\$
Berthing/Storage of craft	_____	_____	Income from USA	_____	_____
Lifting/movement of craft	_____	_____	Boat Repair	_____	_____
Boat Building	_____	_____	Chandlery sales	_____	_____
Boat Rental/Hire	_____	_____	Manufacturing	_____	_____
Boat Sales	_____	_____	Tuition/Sailing School	_____	_____
Fuel Sales	_____	_____	Passenger Carrying	_____	_____
Brokerage	_____	_____	Goods in Transit	_____	_____
Other (please specify)	_____	_____	TOTAL	C\$ _____	_____

Are the premises occupied solely by you?

[] Yes [] No

If No, give details of other occupants and their business activities:

Do any commercial craft use your facility?

[] Yes [] No

If Yes, details please

Type _____

What proportion of your work is on commercial craft; _____ %

Have your premises or surrounding/local area ever experienced any:

Flooding [] Yes [] No
Subsidence, heave, landslip or erosion [] Yes [] No
Any severe weather / catastrophes [] Yes [] No

Distance and location of your nearest fire station: _____

What fire fighting equipment do you have at your facility?

Security

Is a ULC/CSA approved alarm fitted and operational when the premises are left unattended [] Yes [] No

If Yes, give locations and type of alarm;

Make of alarm and Company providing the maintenance agreement (Please enclose a copy)

What security precautions do you take for:-
External doors _____
Windows _____
Roller shutters _____

Are any of the following installed at your premises: Floodlights [] Yes [] No
Secure fencing [] Yes [] No
24hr Manned security [] Yes [] No

Other Security measures, if any?

Claims History

It is fundamental to the assessment of your insurance that a five-year claims history is declared. This should include any circumstances or notifications, which may not have led to any payments being made. In addition details of any settlements reached within the last five years for claims prior to five years should be included:

Date(s)	Circumstances	Amount Claimed	Amount Paid
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____

Section 1 Physical Damage to Building and Contents.

	Building # 1	Building # 2	Building # 3
Location/Description			
Age			
Freehold or Leasehold?			
Size/Area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products stored in the building?	[Yes] [No]	[Yes] [No]	[Yes] [No]
If Yes, details please			
New reinstatement value (C\$)			

	Building # 4	Building # 5	Building # 6
Location/Description			
Age			
Freehold or Leasehold?			
Size/Area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products Stored in the building?	[Yes] [No]	[Yes] [No]	[Yes] [No]
If Yes, details please			
New reinstatement value (C\$)			

Physical Damage to Buildings & Contents (cont)

Please provide details of all Tenants/Sub-lessees and the nature of their activities:-

Annual Rent Receivable C\$ _____
 No. of Months for which cover is required _____

Contents

Nature of your stock:-

Do you provide retail chandlery or associated retail facilities? [] Yes [] No

Maximum value of stock held at any time over all locations: C\$ _____
 Maximum value of any one item of stock: C\$ _____

Item	Location No.	Description	Sum to be Insured
Machinery & Plant	_____	_____	C\$ _____
Furniture, fixtures & fittings	_____	_____	C\$ _____
Stock	_____	_____	C\$ _____
Goods held in trust	_____	_____	C\$ _____
Office Equipment	_____	_____	C\$ _____
Computer Equipment	_____	_____	C\$ _____
Chandlery	_____	_____	C\$ _____
Electronic Equipment	_____	_____	C\$ _____
Wines, Spirits & Cigarettes	_____	_____	C\$ _____
All other contents (Excl. personal property)	_____	_____	C\$ _____
Other items, please specify	_____	_____	C\$ _____
Hired in plant for which you are responsible	_____	_____	C\$ _____
2nd Hand items for re-sale	_____	_____	C\$ _____

Are there any other contents that are not covered above, if so, Please provide details.

Total sum to be insured (over all locations) C\$ _____

NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

DEBRIS REMOVAL COSTS and ARCHITECTS FEES SHOULD BE INCLUDED WITHIN YOUR BUILDINGS and STOCK / CONTENTS SUMS INSURED.

Own Stock of Vessels _____ C\$ _____

If stock includes any vessels, advise if any are kept afloat at any time:

If Yes, specify:-

a) Usual location _____

b) Maximum number _____

c) Total value afloat – C\$ _____

Do you require cover for demonstrating stock vessels? Yes No

Do you require cover for any stock at exhibitions? Yes No

If Yes, specify which exhibitions and value of stock: _____

Goods In Transit Insurance

Description of Goods: _____

Usual method of transit: _____

Canadian destination(s): _____

Total annual value of Canadian sendings last year:- C\$ _____

Estimate of total value of Canadian sendings for this policy year:- C\$ _____

Estimate the maximum value any one sending:- C\$ _____

Do you use one regular professional freight forwarder/hauler? Yes No

Do you deliver goods using your own vehicle(s) Yes No

Overseas countries - please indicate whether imports or exports:

Total annual value of shipments last year:- C\$ _____

Estimate of total value of shipments for this policy year:- C\$ _____

Maximum value any one shipment:- C\$ _____

Section 2 - Physical Damage to Marine Structures

Please give full description and provide sketch plan:

Age: _____ Total length: _____ No. of Sections: _____

What is the construction type i.e. Wood, Metal Frame or concrete? _____

Number of Covered Slips _____ Val C\$
Number of Open Slips _____ Val C\$

What services do you supply? _____

Supplier/Manufacturer? _____

Do you have covered slips, dock, pontoons or boat houses ashore or afloat [] Yes [] No

If yes, please provide on a separate sheet, full details of these structures including Size Capacity, Age, Construction and Re-Building Value including debris removal costs.

If you have a report / valuation which has been prepared during the past 3 years a copy of his should be attached.

How are the pontoons secured to the seabed? _____ No. of piles? _____

Are the pontoons subject to tidal conditions? [] Yes [] No

Minimum depth of water _____ Maximum depth of water _____

What is the largest size and type of vessel that can be berthed? _____

What are your budgeted annual maintenance costs? C\$ _____

What is the reinstatement value of your marine structures including installation costs and services provided? C\$ _____

Section 3 - Third Party Liability

Limit of Indemnity you require in respect of your Third Party Liabilities

Select from: C\$1m C\$2m C\$5m Specify other C\$ _____

Type and number of berths:

- a) Pontoons _____
- b) Swing Moorings _____
- c) Other _____

Do you restrict access to berth holders only? [] Yes [] No

Maximum length of any vessel that can berth at your facility: _____

Are there facilities for lifting vessels out of the water? Yes No
If yes, complete p.13, Physical Damage to Handling Equipment

Do you sub-contract the lifting facilities? Yes No

If Yes, to whom?

Maximum number of vessels that you can store on land: _____

Do you sell diesel, gas or other fuels? Yes No

Age of the tanks: _____
Is there a separate "cut-off" valve between the tank and pumps Yes No

Distance from the nearest building,
mooring or other pontoon? _____

Do you winterize craft for winter storage? Yes No
If Yes, please give details

Types of repair work you carry out:

Materials used, tick as applicable:

GRP Wood
Steel Aluminum

Maximum hull size/type/largest vessel you will carry out repairs on:

Do you carry out work in respect of Osmosis treatments? Yes No

Do you carry out work away from your premises? Yes No
If Yes, please give details of work undertaken:

Do you use welding or flame cutting equipment, blow lamps
or blow torches in such work away from your premises. Yes No

If Yes, please provide estimated wage roll of those involved. C\$ _____

Do you work overseas Yes No

If Yes, which countries: _____

Do you require cover in respect of Products Liability? Yes No

If Yes, Limit of Indemnity required: C\$ _____

Please give details of products to be covered: _____

Do you require Waterborne Liabilities? Yes No

If Yes, Limit of Indemnity required: C\$ _____

Please give details of waterborne activities to be covered: _____

Section 4 - Business Interruption Cover

Please note that some Indications will only be offered cover following restricted Perils under specific Sections.

Gross Annual Turnover from your Business
activities as declared under Part A: _____ C\$

Estimated Gross Profit for your current year: _____ C\$

Increased Cost of Working: _____ C\$

Maximum Indemnity Period: _____
_____ Months

If specified Suppliers/Customers Extensions are required please complete the following;

Suppliers/Customers Name	Address	Limit
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____

Do you employ a professional accountant? Yes No

If Yes, please provide name and address:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

Section 5 – Physical Damage to Handling Equipment

Please provide details of all handling equipment at all locations, even if accidental damage cover for the item is not required:-

Item	Age	Last mandatory Inspection date	Lifting Capacity	Current Value (C\$)	Is accidental Damage required?

*NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

*PLEASE NOTE: Statutory inspection requirements and machinery breakdown covers are not included within our contract. Arrangements should be made through your Insurance Advisor.

Section 6 – Vessels under Construction

Production Boat Builders

PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT

Type of Vessels, hull construction, speed and values of the vessels you build:

Do you have experience in building this type of vessel(s) [] Yes [] No
 If Yes, how many years? _____

Who designed the vessel? _____

No. of vessels you have built in the last three years? _____
 In the last year? _____

What has been your average annual income from the sale of these vessels? C\$ _____

Have you built any prototype/custom vessels in the last five years? [] Yes [] No

If Yes, please attach details

No. of vessels you have sold to buyers resident in USA within the last five years? _____

What is the highest completed value of any one vessel? C\$ _____

What is the maximum number of vessels you will have under construction at any one time? _____

What is the maximum value of all vessels under construction at any one time? C\$ _____

Do you carry out work away from your workshop/boatyard? [] Yes [] No

Do you work overseas? [] Yes [] No

If Yes, specify countries: _____

Is cover required for:- demonstrations or trials or tests [] Yes [] No

Individual Builds

Full description of vessel including type, hull construction, length, engines:

Do you have experience in building this type of vessel [] Yes [] No

If Yes, how many years? _____

Who designed the vessel? _____

Completed value: C\$ _____

Value(s) at specific intervals: _____

Where is the vessel being built? _____

Is construction under cover? [] Yes [] No

Expected completion date: _____

Section 7 – Vessels

Complete this section if the vessel(s) is/are considered part of and/or ancillary to your business. If more than one vessel is to be insured, please take additional copies of this section and attach to this application

Name and Type of Vessel: _____

Class or Manufacturer's Title: _____

Please tick applicable:

[] Sail Date of purchase: ____ / ____ / ____ Purchase price: C\$ _____
[] Monohull
[] Multihull Current market value of the Vessel:- C\$ _____
[] Power

Please complete the following table if the value includes; trailer, outboard or additional equipment

	Trailer	Outboard	Additional Equipment
Value			
Make/Model			
Serial No.			

Is the trailer fitted with a wheel clamp when left unattended? Yes No

If no, please detail other forms of security? _____

Hull construction material: _____ Year built: _____

Length: _____

Beam _____

Draft _____

Engine make & model _____ Engine HP _____

Fuel Type: _____

Maximum designed speed of the Vessel:- _____

If over 17 knots, please complete a, b, c:-

a) inboard outboard stern drive jet

b) Is the outboard fitted with an anti-theft device? Yes No

c) Is the boat used for towing water-skiers or similar activities? Yes No

Use:

Private pleasure only Skipper charter Bareboat charter Commercial

If Commercial work and / or charter work is undertaken please provide full details:

If passenger Vessels please give license details: _____

Cruising range required: - _____

If moored afloat - where?: _____

Mooring type:

Swing

Piles

Marina

Anchor

Fore & Aft

Jetty

When was the mooring last surveyed? ____ / ____ / ____ By whom: _____

Is the Vessel used for racing? [] Yes [] No

If Yes, please give Full Details: _____

Date of last out of water survey: - ____ / ____ / ____

If the last survey is within the last 3 years, a copy should be attached.

A survey report will normally be required for vessels over 15 years of age.

Please provide any additional information:

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

(Print Name of proposed insured)

Signature of Insured & Title

Date

Signature of Broker

Date

Witness

Date

NOTE: The signing of this form does not bind the proposer to complete the insurance.