

Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1
Tel: (705) 878-9014 Fax: (705) 878-4387 www.atlanticmarine.net

Company Name _____
Address _____

Email _____
Telephone _____ Fax _____
Insurance broker to whom quotation should be sent _____

1 General Information (if additional space is required please list separately)

a. Date established _____
b. Name and address of any subsidiary, affiliated, associated companies or branch offices you wish to cover

<u>Name and Address</u>	<u>Main Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____

c. Number of Directors/Partners _____ Total number of staff _____
(engaged in providing services listed in 2e)

d. Names, positions, professional qualifications and number of years experience of Directors/Partners and Senior Managers

e. Name of person to whom correspondence should be addressed _____

f. Are you a member of any trade association? (If "Yes" please detail)

2 Gross Annual Income (fees and commission earned)

Please indicate currency e.g., US\$

a. Last financial year _____ b. Estimate for this financial year _____
c. Estimate for next financial year _____

e. Please indicate the percentage of your gross annual income earned from the following activities to be insured:
tramp agent _____% liner agent _____% bunker broker _____%
ship manager _____% forwarding agent _____% freight forwarder _____%
sale & purchase broker _____% chartering broker _____% marine surveyor _____%
representative of insurance interest* _____%
(e.g. P&I Clubs, Corporations of Lloyd's, Classification Societies)
other activities for which insurance is required (please specify) _____%

*(Please also complete supplementary form)

3 Principals

Please name the principals for whom you regularly act

Do you have any financial interest in any of your principal companies?	YES	NO
Do your Principals have any financial interest in your company?	YES	NO

4 Contract Conditions

a. Do you operate under standard/national contract conditions?	YES	NO
b. Do you operate under your own contract conditions?	YES	NO
c. If "YES" to either of the above, do you always advise your customers that contract conditions apply?	YES	NO

Please supply copies of all contract conditions under which you operate. If "YES" to a. or b. please give details on separate sheet

5 Claims History

a. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years	YES	NO
---	-----	----

If "YES" please give details on a separate sheet

b. Has any insurer					
i. Declined to insure you	YES	NO	ii. Cancelled your insurance	YES	NO
iii. Refused to renew your insurance	YES	NO	iv. Imposed penalties or special terms	YES	NO

If "YES" please give details on a separate sheet

6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1	Limit _____	Deductible _____	Please state currency _____
Alternative 2	Limit _____	Deductible _____	Please state currency _____

7 Quality Assurance

Have you obtained quality assurance accreditation?	YES	NO
--	-----	----

8 Please supply any literature about your company that is relevant to this proposal.

Declaration

I/We undertake that if this proposal is accepted I/WE will act and abide and agree to be bound by the Rules of ITIC and any modification or alteration thereof made in accordance therewith from time to time and also by the decision of the Club and its Directors

I/WE declare that to the best of my/our knowledge and belief, the information given above is true and that I/WE have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter's assessment or acceptance of this proposal).

Signed _____ Date _____

Status of Signatory _____

This proposal form must be completed and signed by a person who is authorized to bind the proposer.