

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 _____ VAT No _____
 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

Name and Address	Main Activity
_____	_____
_____	_____
_____	_____

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	cc. Of which estimated income from UK operations (if applicable)

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 and purchase broker	%	chartering broker	%	marine surveyor*	%
representative of insurance interests*					%
(e.g., P&I Clubs, Corporation of Lloyds, Classification Societies)					
other activities for which insurance is required (please specify)					%

*(Please also complete supplementary form)