

**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](http://www.atlanticmarine.net)**

Applicant's Name:	Broker's Name
Address:	Address:  Tel: Fax: Email:
Number of years in business:	All monetary values are in:

**You or your Insurance Broker may complete this form. Please provide information for all of the spaced below. Save a copy for your own record, and have your Insurance Broker submit the completed application to Atlantic Marine Underwriters.**

**PROPERTY STORED**

Type of Merchandise:	
Maximum value of goods: \$	Average monthly value of goods: \$
Property stored on: <input type="checkbox"/> Floor <input type="checkbox"/> Pallets <input type="checkbox"/> Shelves	
Property is: <input type="checkbox"/> Inflammable <input type="checkbox"/> Explosive <input type="checkbox"/> Hazardous	
If Inflammable, Explosive or Hazardous, please provide details:	

**EXPOSURE**

Building located in: <input type="checkbox"/> A port <input type="checkbox"/> Industrial area <input type="checkbox"/> Warehousing area <input type="checkbox"/> Residential area	
Is the warehouse situated in a built up area: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No", how far from the nearest inhabited place?    KM	Distance from nearest building:    KM
Is the applicant the sole user of the building: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "no, is the area separated by: <input type="checkbox"/> Concrete block <input type="checkbox"/> Chain link fence <input type="checkbox"/> Single Brick <input type="checkbox"/> Metal or wood <input type="checkbox"/> Other (describe)	

**DESCRIPTION OF WAREHOUSE**

Year of construction:	Number of stories:	Square meters:
State of maintenance & housekeeping: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		



**COLD STORAGE (IF APPLICABLE)**

Type of refrigeration:	
Date of installation of refrigeration equipment:	
Reefer breakdown alarm system:	( ) Yes ( ) No
Is contamination insurance carried:	( ) Yes ( ) No

**UNDERWRITING INFORMATION**

Name of previous insurer(s):
Have you ever had any previous policy cancelled:
If "Yes" please explain:

**PREMIUM AND LOSS HISTORY FOR THE LAST 5 YEARS**

Year	Premium Paid	Losses Paid	Losses Outstanding	Details
200_	\$	\$	\$	
200_	\$	\$	\$	
200_	\$	\$	\$	
200_	\$	\$	\$	
200_	\$	\$	\$	

**ADDITIONAL INFORMATION**

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The undersigned, on behalf of the Insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct:

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Broker's signature: \_\_\_\_\_