

*Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1
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We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their conditions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

Name of applicant: _____
 Business Name: _____
 Principal(s): _____
 Mailing Address: _____

Website Address: _____
 Loss Payable: _____
 Number of Years in Business: _____ Number of Years Experience: _____
 Description of Operations: _____

Loss Experience (5years)
 Date _____ Reserve _____ Paid _____ Expenses _____ Closed YES NO
 Details: _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed YES NO
 Details: _____

Current Insurance Company on risk: _____
 Is renewal being offered? YES NO
 If no, explain: _____
 Current expiry date? _____ Expiring premium _____ Renewal Premium _____
 Other markets approached: _____
 Additional Comments: _____

Property/Crime Information

Risk Location # _____ (If more than one building, please provide information requested below on separate page for each building)
 Address Same as Postal Address (if no, please provide location below)

of years at this location _____

Occupancy by Insured: _____
 Occupancy by others: _____

Is any portion of this building -Vacant or Unoccupied? YES NO
 -Under Renovation? YES NO

If yes, please complete "Vacant/Unoccupied/Under Renovation" section of this application.

| | | | |
|----------------|--------------------|------------------|----------------------|
| Construction | # of stories _____ | Year Built _____ | Square Footage _____ |
| Walls | HCB | Frame | Metal Clad Other |
| Roof | Concrete | Steel Deck | Wood Joist Patent |
| Updates | Full | Partial | Year _____ |

Utilities **Heat** Gas F/A Electric Oil Other _____
 Woodstove Wood Furnace Fireplace Insert
 If wood, confirm ULC Approved? YES NO Installed to Code? YES NO
Updates Full Partial Year _____

Electrical C/B Fuses _____ Amps
Updates Full Partial Year _____

Plumbing Copper Plastic Other _____
Updates Full Partial Year _____

Protection – Fire Hydrant within _____ Feet/Meters
 Firehall Fulltime _____ kms Volunteer _____ kms

Sprinkler System YES NO WET DRY % of Building Sprinklered _____
 Alarm? Central Monitored Local

Fire Extinguishers # _____ Type ABC K (restaurants) Size _____ lbs

Burglar Alarm Central Monitored Local ULC Approved YES NO
 Full Perimeter Partial Perimeter Contacts All Windows All Doors
 Motion Detector Heat Detector Other _____

Safe YES NO Class _____
 How often are the bank Deposits made? _____ By Whom? _____
 Are all doors fitted with deadbolts? YES NO

Housekeeping Excellent Good Fair Poor
 Physical Condition Excellent Good Fair Poor
 Financial Position Excellent Good Fair Poor
 Neighbourhood Excellent Good Fair Poor

Liability Information

| | | | | |
|--------------------|---|--|----------------------------------|----------------------------------|
| Operations | <u>Full Description of Each Operation</u> | <u>Gross Receipts (including subcontractors)</u> | | |
| | | <u>Estimate Next Year</u> | <u>Current Year</u> | <u>Prior Year</u> |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | % U.S. _____ | % Foreign _____ | Details _____ | |
| | Any operations conducted at other owned or leased premises? | | YES | NO |
| | Any installation or repairs performed away from premises? | | YES | NO |
| | If yes, Describe _____ | | | |
| | Subcontractors? | YES | NO | Payroll for subcontractors _____ |
| | Are "Certificates of Insurance" obtained from all subcontractors? | | YES | NO |
| Employees | # Full Time _____ | # Part time _____ | # Clerical _____ | Payroll _____ |
| Brochures | Attached | To Follow | | |
| Current Limit | _____ | | Occurrence Form | Claims Made Form |
| Current Deductible | _____ | | PD BI & PDPD (Per Claimant) | BI & PD (Per Claimant) |

Machinery Breakdown Information

Do you currently carry Machinery Breakdown coverage? YES NO
 Current Carrier? _____

Boiler Do you have a boiler? YES NO
 If yes, please advise Hot Water Steam
 Contact Name for Inspection _____
 Telephone Number _____

Air Conditioning Do you have a Central Air Conditioning System? YES NO
 If yes, please advise HP _____ Tons _____
 Is there a maintenance contract in force? YES NO

Other Do you have any other Pressure Vessels? YES NO
 If yes, are there any over 24 inches in diameter? YES NO

Consequential If Consequential Damage coverage is required, please advise
 # of Cold Rooms/Cabinets _____

Additional Info What is the Maximum amount stored in any one Cold Room/Cabinet? _____
 Please provide any additional information that may be pertinent in the assessment of this Applicant?

Coverages and Limits

Section I – Property Location # _____ Building # _____

Form Named Perils Broad Form
 ACV Replacement Cost

Deductible \$1,000 Other _____

Limits Building #1 _____
 Contents _____
 Stock _____
 Equipment _____
 Gross Earnings _____
 Profits _____
 Extra Expense _____
 Rental Income _____

Section II – Crime

Deductible \$1,000 Other _____

 Inside/Outside Robbery _____
 Burglary Damage to Buildings _____
 Mercantile Stock Burglary _____
 Money & Securities (BF) _____
 Safe Burglary _____

Section III – Liability

Deductible \$1,000 Other _____

Form Property Damage Bodily Injury & Property Damage Other: _____
 Occurrence Claims Made

Limit Owner's, Landlords & Tenants _____
 Commercial General _____
 Tenants Legal Liability _____

Section IV – Glass

Plain Plate – Total Sq Ft _____ Thermopane – Installed Cost _____

Section V – Multi-Peril

Deductible \$1,000 Other _____

Limit Accounts Receivable _____
 Contractor's Equipment Form _____
 EDP Hardware Media _____ Extra Expense _____
 Office Equipment Floater _____
 Signs _____
 Tool Floater _____
 Valuable Papers _____

Section VI – Machinery Breakdown

Property Damage _____
Business Interruption _____ (if provided in Section 1 above)
Consequential Damage \$5,000 (if provided in Section 1 above)

Please ensure the following is completed in full. If not applicable for this location, please indicate same.

Vacant/Unoccupied Not Applicable Applicable to Location # _____

Vacant (building is entirely empty with no furnishings or storage) YES NO

Unoccupied (building is no longer used for its intended purpose, however, furnishings are kept on premises) YES NO

How long has building been vacant or unoccupied? _____ Expected term of vacancy/unoccupancy _____

Reason for vacancy/unoccupancy _____

Has he electricity been disconnected? YES NO

Please advise how far detached from adjacent building(s) _____

Are any adjacent buildings vacant or unoccupied? YES NO

Is anyone visiting premises on a regular basis? YES NO

If so, who? _____ How often? _____

Is this vacancy or unoccupancy seasonal? YES NO

Are all doors and windows securely closed and locked? YES NO

Is all rubbish removed from within and about the building(s) and premises? YES NO

Is the grass cut and all bushes, etc. cleared around all buildings? YES NO

Under renovation Provide full details _____

Term _____ Is premises occupied during renovation? YES NO
 Who is undertaking renovations? Applicant _____
 Contractor _____
 If Applicant, please advise experience _____
 If Contractor, do they have CGL in effect? YES NO
 Is applicant financially sound? YES NO Provide details of mortgage amounts, other businesses, etc. _____

Student Boarding/Rooming House Survey Not Applicable Applicable to Location # _____
 Number of rooms rented _____ Number of apartments rented _____
 Does the owner live on premises? YES NO Does a superintendent live on premises? YES NO
 Are there any adjacent buildings? YES NO How far detached? _____
 Is each floor equipped with a) Fire Alarms YES NO b) Smoke Detectors YES NO
 c) Fire Extinguishers YES NO
 Does the owner allow cooking in rooms? YES NO
 If yes, please confirm type of cooking units Hot Plate Conventional Stove Common Kitchen
 Are the tenants: Students Tourists Other _____
 Rooms rented: Daily Weekly Monthly Annually
Restaurant/Hotel/Tavern Not Applicable Applicable to Location # _____
 Does the operation include a) Deep Frying YES NO b) Grilling YES NO
 Is the kitchen equipped with an automatic extinguishing system? YES NO The system is DRY WET
 Does the system cover the entire grilling/deep frying surface? YES NO
 Is there a 6 month maintenance agreement in place with a certified service provider? YES NO
 Fire Extinguishers # _____ Type ABC K _____ Size _____ lbs

Applicant Declaration

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/We have not suppressed or Mis-Stated any material facts and I/We agree that should a policy be issued then this application shall be the basis of the contract with underwriters.

 DATE SIGNATURE OF APPLICANT

Broker Declaration

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? YES NO
 If no, how long have you known the Applicant? _____
 Do you handle other insurance for the Applicant? YES NO
 Did you receive the order direct from the Applicant? YES NO
 Is the operation financially sound? YES NO
 Do you recommend this Applicant in every respect? YES NO
 Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/We have not suppressed or Mis-Stated any material facts and I/We agree that should a policy be issued then this application shall be the basis of the contract with underwriters.

This Application must be signed by the Producer/Account Executive

 DATE SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

 PRINT NAME OF BROKER/PRODUCER

 PRINT NAME OF BROKERAGE

 PRINT ADDRESS OF BROKERAGE