

*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*

**1. Name and Address of applicant**

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**2. Locations**

Exhibition sites/Locations to be included

Number/Name/Street	City/Town	Province	Country	Dates From-To

**3. Buildings Construction and Security**

- a. Please state the building type and construction of each Location e.g. Museum, Exhibition Hall, Office etc. Built of Brick, Wood Frame, Concrete etc.
  
- b. Are any of the properties used professionally or commercially other than for exhibition? If so which and for what purpose?
  
- c. What Protective Devices or Systems are in use? E.g. Central Station Alarm, Security Alarm, Security Personnel etc.
  
- d. Has a Security Survey been carried out on all of the Locations? If so please attach details.
  
- e. Is any of the Exhibition to be kept outside? E.g. Statues, Garden Ornaments, Machinery etc.? If so please specify what and where.

**4. Please provide a detailed list of items that you wish to insure in each location. Values should be supported by the attachment of copies of all available appraisals, bills of sales or other evidence of true value.**

Description	Purchase/Appraisal Date	Amount of Insurance
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(Should further space be required, please use a separate piece of paper.)

**5. Transits**

Transits to be included

From	To	Date

**6. Transit Method and Security**

Please state the mode of transport to be used and the security arrangements in place for each transit.

**7. Transit Cover**

What Coverage Limit is required for each transit?

**8. History**

- a. Have you suffered any losses or made any claims on exhibition or transit insurances in the last three years? If so please give details.
- b. Have any losses been suffered or claims ever been made greater than \$20,000 or equivalent in other currencies? If so please give details.
- c. Have you ever had previous insurance cancelled by a previous insurer? Yes / No
- d. Current Insurer:.....Current premium:.....Target Premium:.....

**Applicants Statement:** The applicant warrants to the best of their knowledge and belief that the statements set forth herein are true and include all material information. The applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the policy, the applicant will immediately inform Underwriters of such change. Signing this application does not bind the Underwriters to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made part of the policy should the policy be issued.

Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_