

*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. a) Applicant and all subsidiary companies to be insured under this policy:

b) Applicant's mailing address:

2. Limits of Liability requested for buildings, contents, and business interruption:

- a) _____ Total each Loss
- i) _____ Buildings each Loss
- ii) _____ Contents each Loss
- iii) _____ Business Interruption each Loss
- b) _____ Total each Policy Year

3. Deductible requested:

4. Policy currency to be used:

5. a) Description of applicant's business operations at the locations to be insured:
(Industrial, Commercial, Residential etc.)

b) Status of applicant (private company, public company, government owned):

c) How important to operation are computer and data processing?

6. Building, contents, and business interruption values at the locations to be insured:

LOCATION	VALUES	BUILDINGS	CONTENTS	BUSINESS INTERRUPTION

7. Physical Description of location(s) to insured: (include if possible, plan showing electricity and other utility supplies, delivery/dispatch areas, computer/EDP facilities, authorized entry points, guard posts, restricted areas):

8. Description of area surrounding location(s) to be insured:

- a. Describe occupants of surrounding buildings.
 - b. Is it an area known to suffer from an above average crime rate?
 - c. Distance from nearest police station or army post.
9. Description of employees and operations at location(s) to be insured:
- a) Number of employees and operating hours at each location:
 - b) Number and location of employees in building(s) outside normal working hours:
 - c) Are cleaning staff in-house or contract and what are their hours?
 - d) What businesses occupy other parts of the building(s) to be insured?
 - e) Do these other businesses attract press or public attention?
10. Description of security at location(s) to be insured:
- a) Details of guard force, number, reports to whom, recruitment, training, duties:
 - b) Details of alarm systems, CCTV etc:
 - c) Details of key system and control:
 - d) Details of perimeter fence and gates:
 - e) Details of access control procedures and equipment:
 - f) How is the building lit (inside and out)?
 - g) Who locks the building at night?
 - h) Details of car parking arrangements:
11. Description of past history at location(s) to be insured:
- a) Give full particulars of any incidents or threats in the past 5 years.
 - b) Describe steps taken to deal with them and to prevent recurrence:
 - c) List all property loss for last 5 years:
12. Does the applicant, its directors and officers or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?

THE UNDERSIGNED AUTHORIZED OFFICER OF HE CORPORATION DECLARES TO THE BEST OF HIS KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

Authorized Signature of Applicant: _____ Date: _____

Name and Title of Authorized Officer: _____