

Underwriting Risk Services Ltd.

Application Form for Canadian Marinas and Associated Business

Name of Insured _____

Address of Insured _____

_____ Postal Code _____

Postal Address (if different from above) _____

Telephone _____ Fax No. _____

Contact Name _____ Position _____

Renewal Date of Insured _____

Nature of Risk _____

Who is your present Insurer: _____ Current Premium: C\$ _____

Atlantic Marine Underwriters Inc. 213 The Queensway South, 2nd Floor, Suite 400, Keswick, Ontario L4P 2A3
Telephone: (905) 989-0235 Fax: (905) 989-9960 e-mail: atlantic@ils.net www.atlanticmarine.net

Producing Broker _____

Broker's Address _____

_____ Postal Code _____

Telephone _____ Fax No. _____

Contact Name _____

This form is designed to obtain information that will enable Underwriters to offer you the widest cover and most competitive premium and coverage indications.

Completion of this form does not commit you or Underwriters to completing or offering insurance coverage, but the details and information provided shall form the basis of the contract of insurance between you and the Underwriters if a policy is issued.

Please provide as much detail as possible including brochures, photographs, website address and/or plans.

The information provided will be treated as confidential.

You must give truthful and full answers to all questions.

If you do not do so, your insurance cover may not protect you in the event of a claim.

PROPERTY COVER

Please note the Marina Clauses provide cover for property on an "All Risks" basis (except "Marina Installations"). Underwriters may wish to restrict cover in respect of certain risks. However you may wish to select cover from the Perils noted below: - Please tick as appropriate.

1) All Risks

2) Named Perils

FIRE LIGHTENING EXPLOSION EARTHQUAKE

MALICIOUS DAMAGE THEFT STORM TEMPEST FLOOD

BURST WATER PIPES IMPACT by VEHICLES and WATERCRAFT

Are the premises occupied solely by you?

[] Yes [] No

If "No" give details of other occupants and their business activities _____

Do any commercial craft use your facility?

[] Yes [] No

If "Yes", details please _____

What proportion of your work is performed on commercial craft;

_____ %

Have your premises or surrounding/local area ever experienced any: Flooding

[] Yes [] No or

Subsidence, heave, landslip or erosion [] Yes [] No or any severe weather/catastrophes

[] Yes [] No

Distance and location of your nearest fire station: _____

Do you have firefighting equipment throughout your facility?

[] Yes [] No

SECURITY

Is a ULC/CSA approved alarm fitted and operational when the premises are left unattended?

[] Yes [] No

If yes, at which locations; _____

Is this alarm: Central Station, Monitoring Station System or Audible bells or siren only.

Please indicate the make of alarm and Company providing the maintenance agreement (Please enclose a copy)

What security precautions do you take for:

External Doors _____

Windows _____

Rollershutters _____

Are any of the following installed at your facility:

Floodlights

[] Yes [] No

Secure Fencing

[] Yes [] No

24hr Manned Security

[] Yes [] No

Other Security measures, if any? _____

THIRD PARTY LIABILITY

Limit of Indemnity you require in respect of your **Legal Liabilities**

Select from:

C\$1m / C\$2m / C\$5m

C\$ _____

Type and number of Berths: Pontoons _____ Swing Moorings _____ Other _____

Do you restrict access to berth holders and guests only? Yes No

Maximum length of any vessel that can berth at your facility _____

Are there facilities for lifting vessels out of the water? Yes No

If Yes, please complete section ‘ Cranes, Travel Hoists, Fork Lifts etc. ‘

Do you sub-contract the lifting facilities? Yes No

If Yes, to whom? _____

Please advise the maximum number of vessels that you can store on land: _____

Do you sell diesel, gas or other fuels? Yes No

What are the age of the tanks? _____

Distance from the nearest building, mooring or other pontoon? _____

Do you shrink-wrap craft for winter storage? Yes No

If Yes, please provide details _____

Do you carry out work away from your premises Yes No

If Yes, please give details of work undertaken _____

Do you use welding or flame cutting equipment, blowlamps or blowtorches in such work away from your premises? If so, please provide estimated wage roll of those involved. C\$ _____

Do you work overseas Yes No If Yes, which countries _____

Do you require cover in respect of **Products Liability**? Yes No

If Yes, please give details of products to be covered _____

Limit of Indemnity required for products liability: C\$ _____

Do you require **Waterborne (P&I) Liabilities**? Yes No

Limit of liability required: C\$ _____

BUILDINGS INSURANCE

Location/Description _____ 1 _____ 2 _____ 3 _____

Age: _____
Freehold or Leasehold: _____
Size/Area: _____
Type of Construction: _____

Occupied as: _____

Details of heating used: _____

Are flammable products stored in the building? Yes No Yes No Yes No
If Yes, details please: _____

New reinstatement value C\$ _____ C\$ _____ C\$ _____

Location/Description _____ 4 _____ 5 _____ 6 _____

Age: _____
Freehold or Leasehold: _____
Size/Area: _____
Type of Construction: _____

Occupied as: _____

Details of heating used: _____

Are flammable products stored in the building? Yes No Yes No Yes No
If Yes, details please: _____

New replacement/reinstatement value C\$ _____ C\$ _____ C\$ _____

Please provide details of all Tenants/Sub-lessees and the nature of their activities: _____

Annual rent receivable C\$ _____ Number of months for which cover is required _____

STOCK -IN-TRADE AND CONTENTS INSURANCE

Nature of your stock: _____

Do you provide retail chandlery or associated retail facilities? Yes No

Maximum value of stock held at any time over all locations: C\$ _____

Maximum value of any one item of stock: C\$ _____

Item	Location No.	Description	Sum to be Insured
Machinery & Plant	_____	_____	C\$ _____
Furniture, fixtures & fittings	_____	_____	C\$ _____
Stock (Ex. Vessels) specify	_____	_____	C\$ _____
Goods held in trust	_____	_____	C\$ _____
Office Equipment	_____	_____	C\$ _____
Computer Equipment	_____	_____	C\$ _____
Chandlery	_____	_____	C\$ _____
Electronic Equipment	_____	_____	C\$ _____
Wines, Spirits & Cigarettes	_____	_____	C\$ _____
All other contents (excluding personal property)	_____	_____	C\$ _____
Other items, please specify	_____	_____	C\$ _____
	_____	_____	C\$ _____
Held in plant for which you are responsible	_____	_____	C\$ _____
	_____	_____	C\$ _____
2 nd Hand items for re-sale	_____	_____	C\$ _____
	_____	_____	C\$ _____
Total sum insured (over all locations)			C\$ _____

NB: All values declared above are taken to be the new replacement cost unless second-hand value is clearly indicated.

Own Stock of Vessels _____ C\$ _____

If Stock includes any vessels kept afloat at any time: _____

Please advise:

a) normal location,	b) maximum number afloat and	c) total value afloat:
a) _____	b) _____	C\$ _____

Do you require cover for demonstrating stock vessels? Yes No

Do you require cover for any stock at exhibitions? Yes No

If Yes, specify which exhibitions and cover required _____

DEBRIS REMOVAL COSTS and ARCHITECTS FEES SHOULD BE INCLUDED WITHIN YOUR BUILDINGS and STOCK / CONTENTS SUMS INSURED.

BOAT BUILDERS AND BOAT REPAIRERS

PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT

Please provide information on the type of vessels, hull construction, speed and values of the vessels you build:

Number of vessels you have built in the last three years? _____ In the last year? _____

What has been your average annual income from the sale of those vessels? C\$ _____

Have you built any prototype/custom vessels in the last five years? Yes No If Yes, **attach** details

Number of vessels you have sold to buyers resident in USA within the last five years? _____

Types of repair work you carry out: _____

Materials used: FIBREGLASS/ WOOD / STEEL / ALUMINUM / OTHER

Maximum hull size/type/largest vessel on which you will carry out repairs: _____

Do you carry out work in respect of Osmosis treatments Yes No

Do you require cover in respect of vessels under construction for Strikes, Riot & Terrorism? Yes No

Full Description of vessel(s) including type, hull construction, length, engines.

What is your experience in building this type of vessel(s)?

Who designed this vessel? _____

Completed value: C\$ _____ or value at agreed intervals: _____

Where is the vessel being built? _____

Is construction under cover? Yes No Expected completion date _____

Production boat builders:

Please **attach full details** of the vessels you build.

Materials used _____

Approximate number built per annum? _____

What is the highest **completed value** of any one vessel? C\$ _____

What is the maximum number of vessels you will have under construction at any one time? _____

What is the **maximum value of all** vessels under construction at any one time? C\$ _____

Do you carry out work away from your workshop/boatyard? Yes No

Do you work overseas? Yes No If Yes, specify countries _____

Is cover required for: demonstration, trial, tests Yes No

GOODS IN TRANSIT INSURANCE

Description of Subject Matter _____

Usual method of transit _____

Canadian destination(s) _____

Total annual value of Canadian shipments last year: C\$ _____

Estimate total value of Canadian shipments for this policy year: C\$ _____

Estimate the maximum value any **one** Canadian shipment: C\$ _____

Do you use one regular freight forwarder/haulier? Yes No

Do you deliver goods using your own vehicle(s) Yes No

Overseas destinations – please indicate whether imports or exports

Countries _____

Total annual value of shipments last year: C\$ _____

Estimate total value of shipments for this policy year: C\$ _____

Maximum value any one shipment: C\$ _____

BUSINESS INTERRUPTION INSURANCE

This cover applies following loss of or damage to your property insured by us under the policy sections specified. Please choose sections where cover is required.

All Sections _____ Insurance Sections _____ only.

Following: All Risks or Limited Perils

Please note that some indications will only be offered cover following restricted Perils under specific Sections.

Gross annual Revenue from your Business activities as declared on page 2 of this application form. C\$ _____

Estimated Gross Profit for your current year. C\$ _____

Increased Cost of Working due to a loss C\$ _____

Maximum Indemnity Period _____ Months

If specified Suppliers/Customers Extensions are required please complete the following:

Suppliers/Customers Name	Address	Limit
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____
_____	_____	C\$ _____

Do you employ a professional accountant? [] Yes [] No

CRANES, TRAVEL HOISTS, FORK LIFTS ETC INSURANCE

Please provide details of all handling equipment at all locations, even if physical damage cover for the item is not required:

Item	Age	Last Mandatory Inspection Date	Capacity	Current Value C\$	Is Accidental Damage Required
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NB: All values declared above are taken to be the new replacement cost unless second-hand value is clearly indicated

PLEASE NOTE: Statutory inspection requirements and machinery breakdown covers are not included within our contract. Arrangements should be made through your Insurance Broker.

PIERS, WHARVES, DOCKS AND PONTOONS Etc. INSURANCE

Please give full description and provide sketch plan:

Age: _____

Total Length: _____

Number of Sections: _____

What is the construction type? _____

Supplier/Manufacturer? _____

What services do you supply? _____

Do you have covered slips, dock, pontoons or boathouses ashore or afloat? Yes No

If Yes, please provide on separate sheet, full details of these structures including Size, Capacity, Age, Construction and Re-Building value including debris removal costs.

If you have a report / valuation which has been prepared during the past 3 years a copy of this should be attached.

How are the pontoons secured to the lakebed/seabed? _____ Number of piles? _____

Are the pontoons subject to tidal conditions? Yes No

Do you haul pontoons / docks up onto the shore during the winter months? Yes No

If Yes, over what period? _____

Have they been surveyed recently? Yes No If Yes, please attach copy.

Minimum depth of water _____ Maximum depth of water _____

What is the largest size and type of vessel that can be berthed? _____

What are your budgeted annual maintenance costs? C\$ _____

What is the reinstatement value (including installation costs, piles and services provided) C\$ _____

BOAT HIRE – CHARTER HIRE – RENTAL

Please tick the relevant box(es) and describe the activity in detail:

- Bareboat Charter
 - Skipper charter
 - Day trips
 - Other
-
-
-

Usual Hire/Charter period? _____

Usual cruising area: _____

Are there any chartered navigational hazards? Yes No
If yes, details please: _____

Do you take a deposit from your customers? Yes No
If yes, amount \$ _____

Please **attach** the following if used: - Hire agreements, Questionnaire customers complete; details of crew you may supply; details of the vessel/craft you operate and indicate any craft that can exceed 17 knots.

Hire Fees

Do you require cover for loss of hire fees if any Vessel is unfit for hire following an Insured loss or damage to Vessels declared to underwriters. Yes No

If yes, state:

- A) Indemnity period required (Max. 12 weeks): _____
- B) Excess period (Min. 15 days): _____

MONEY INSURANCE

Please estimate total annual carryings to/from bank or post office: \$ _____

If money is carried to or from places other than the Bank or Post Office please give details:

Please specify the limit for any one loss:

During business hours, transit or night safe	\$ _____
In locked safe outside business hours	\$ _____
Any other loss	\$ _____
Limit at Directors/Principals private residence	\$ _____

Details of any safe:

Manufacturer/Model: _____ Age: _____ Location: _____

NB The policy warrants that keys and combination are to be removed from the insured premises outside working hours.

CLAIMS HISTORY

TO BE COMPLETED BY ALL APPLICANTS

It is fundamental to the assessment of your insurance that a **five year claims history is declared**. This should include any circumstances or notifications that may not have led to any payments being made. In addition, details of any settlements reached within the last five years for claims prior to five years should also be included.

Date(s)	Circumstances	Amount Claimed	Amount Paid
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____
_____	_____	C\$ _____	C\$ _____

Has the business, you or any of your directors/partners of your company ever been placed in any form of liquidation, declared bankrupt or made any arrangements with creditors? Yes No

Have you, your partner(s)/your director(s) ever been charged with or convicted of any offense involving dishonesty of any kind? Yes No

If Yes, please provide full details: _____

Have you ever been declined insurance, or had any special terms imposed? Yes No

If Yes, full details: _____

The Parties are free to choose the law applicable to our Insurance Contract. Unless specifically agreed to the contrary the Certificate of Insurance relating to our contract shall be subject to the exclusive jurisdiction of the English Courts.

Any inquiry or complaint should be addressed in the first instance to Talbot Underwriting Risk Services Ltd. Our address will be found in the insurance policy. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd’s to review your case without prejudice to your rights in law. The address is: Complaints and Advisory Department, Lloyd’s, One Lime Street, London EC3M 7HA
Telephone 020 7327 1000

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one that a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material facts may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

DECLARATION

I declare that the particulars and answers are correct and complete in every aspect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.

Signed _____ Date _____

Name (please print) _____ Position with Company _____

The signing of this form does not bind the proposer to complete the insurance.