

**APPLICATION FORM
for
MARINAS & ASSOCIATED MARINE BUSINESS RISKS IN CANADA**

**Your
Company
Address**

Telephone **Postal Code**
Contact Name **Fax No.**
..... **Position**

**Your Broker
Address**

Telephone **Postal Code**
Contact Name **Fax No.**
..... **Position**

This form is designed to obtain information, which 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 these details and information 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 or plans.

The information provided will be treated as confidential.

You must give true 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.

Please return to:

**UFANS INSURANCE SERVICES
Suite 101, 603 Argus Road, Oakville, Ontario, Canada L6J 6G6
Tel 905-815-8103 or Fax 905-815-9323 or Email ufansinsurance@on.aibn.com**

PART A – General Information
To be completed by all Proposers

Please provide a full description of your company’s business activities:

Provide details of any associated or subsidiary companies for whom cover is required.

Names of directors, partners and other senior employees with their relevant years experience:

- Do you have standard trading conditions? If Yes, please attach a copy. [] Yes [] No
- Do you always make your customers aware of them prior to any transaction? [] Yes [] No
- Do you waive any rights of recourse for claims against any of your suppliers? [] Yes [] No
- Do you/your company have any assets in any jurisdiction governed by USA? [] Yes [] No

If Yes, details: _____

Year your company commenced business? _____

Are you registered for G.S.T.? [] Yes [] No

Are you or your company a member of a trade or professional association? [] Yes [] No

If Yes, which? _____

Did your company trade profitably last year? [] Yes [] No

If not, please provide a copy of your audited accounts for the last 2 years.

Do you anticipate that your company will trade in surplus this year? [] Yes [] No

Annual Gross Revenue	Last financial year:	Estimate for this	Estimate for next
Please state currency:		financial year:	financial year:
_____	C\$_____	C\$_____	C\$_____

Please estimate the percentage of annual Gross Revenue relating to, and number of staff involved in:

	Revenue	Staff		Revenue	Staff
Berthing/Storage of craft	_____ %	_____	Income from USA	_____ %	_____
Lifting/movement of craft	_____ %	_____	Boat Repair	_____ %	_____
Boat Building	_____ %	_____	Chandlery sales	_____ %	_____
Boat Rental/Hire	_____ %	_____	Manufacturing	_____ %	_____
Boat Sales	_____ %	_____	Tuition/Sailing School	_____ %	_____
Fuel Sales	_____ %	_____	Passenger Carrying	_____ %	_____
Brokerage	_____ %	_____	Goods in Transit	_____ %	_____
Other (please specify)	_____ %	_____	TOTAL	_____ %	_____

The Marina Clauses provides 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 following Perils: Please tick as appropriate:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> FIRE | <input type="checkbox"/> MALICIOUS DAMAGE | <input type="checkbox"/> FLOOD |
| <input type="checkbox"/> LIGHTNING | <input type="checkbox"/> THEFT | <input type="checkbox"/> BURST WATER PIPES |
| <input type="checkbox"/> EXPLOSION | <input type="checkbox"/> STORM | <input type="checkbox"/> IMPACT by VEHICLES and WATERCRAFT |
| <input type="checkbox"/> EARTHQUAKE | <input type="checkbox"/> TEMPEST | |

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 on commercial craft? _____ %

Have your premises or surrounding/local area ever experienced any:	Flooding	[] Yes [] No
	Subsidence, heave, landslip or erosion	[] Yes [] No
	Severe weather / catastrophes	[] Yes [] No

Distance and location of your nearest fire station:

Do you have fire-fighting equipment throughout your facility? [] Yes [] No

SECURITY:

Is a ULC/CSA approved alarm fitted and operational when the premises are unattended? [] Yes [] No
 If yes, at which locations:

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

*Your present Insurer: _____ Current Premium: C\$_____

Third Party Liability

Limit of Indemnity you require in respect of your **Legal Liabilities** C\$ _____
Select from: C\$1m / C\$2m / C\$5m

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

Are the premises occupied solely by you? [] Yes [] No

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, complete section 6

Do you sub-contract the lifting facilities? [] Yes [] No

If Yes, to whom?

Maximum number of vessels that you can store on land: _____

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

If "Yes", age of 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 blow torches in such work away from your premises? [] Yes [] No

If "Yes", please provide estimated wage roll of those involved. C\$ _____

Do you work overseas? [] Yes [] No

If "Yes", please list 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 C\$ _____

Do you require **waterborne Liabilities**? [] Yes [] No

Limit of Indemnity required C\$ _____

Boat Builders and Boat Repairers

PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT

Type of Vessels, hull construction, speed and values of the vessels you build:

No. 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 these vessels? C\$ _____

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

No. of vessels you have sold to buyers resident in USA within the last five years? _____

Types of repair work you carry out:

Materials used: GRP WOOD STEEL ALUMINIUM

Maximum hull size/type/largest Vessel you will carry out repairs on:

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

Do you require cover in respect of vessels under construction under Section 7 of our Policy ? [] Yes [] No

Full description of vessel/s including. type, hull construction, length, engines:

Experience in building this type of vessel(s)?

Who designed the 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", please specify countries:

Is cover required for demonstrations, trials, tests _____

Yes No

Transit - please complete the GOODS in TRANSIT section of this proposal.

Exhibition and shows - please complete the STOCK and CONTENTS section of this proposal.

Goods in Transit Insurance

Description of Goods:

Usual method of transit:

Canadian destination(s):

Total annual value of Canadian sendings last year: _____

C\$ _____

Estimate of total value of Canadian sendings for this policy year _____

C\$ _____

Estimate the maximum value any one sending:- _____

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 of total value of shipments for this policy year: _____

C\$ _____

Maximum value any one shipment: _____

C\$ _____

Buildings Insurance

	1	2	3
Location/Description:	_____	_____	_____
Age?	_____	_____	_____
Freehold or Leasehold?	_____	_____	_____
Size/area:	_____	_____	_____
Type of construction:	_____	_____	_____
Occupied as:	_____	_____	_____
Details of heating used:	_____	_____	_____
Are flammable products stored in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", details please:	_____	_____	_____
New reinstatement value	C\$ _____	C\$ _____	C\$ _____

	4	5	6
Location/Description:	_____	_____	_____
Age?	_____	_____	_____
Freehold or Leasehold?	_____	_____	_____
Size/area:	_____	_____	_____
Type of construction:	_____	_____	_____
Occupied as:	_____	_____	_____
Details of heating used:	_____	_____	_____
Are flammable products stored in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", details please:	_____	_____	_____
New reinstatement value	C\$ _____	C\$ _____	C\$ _____

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

Annual rent Receivable C\$ _____ No. of months for which over 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 (excl. personal property)	_____	_____	C\$ _____
Other items, please specify	_____	_____	C\$ _____
Hired in plant for which you are responsible	_____	_____	C\$ _____
2nd Hand items for re-sale	_____	_____	C\$ _____
Total sum to be 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) usual location _____

b) maximum number afloat _____

c) total value afloat _____

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.

Business Interruption Insurance

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

All Sections..... **Section No'sonly.**
Following: **All Risks** **or** **Limited Perils**

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

Gross Annual Turnover from your Business activities as declared under Part A	C\$ _____
Estimated Gross Profit for your current year.	C\$ _____
Increased Cost of Working	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.

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 & pontoons Etc.

Please give full description and provide sketch plan:

Age: _____ Total length: _____ No. of Sections: _____

What is the construction type? _____

Supplier/Manufacturer? _____

What services do you supply? _____

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

If "YES" please provide on a 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 seabed? _____

No. of piles? _____

Are the pontoons subject to tidal conditions? Yes No

Do you haul your 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\$

Claims History
To be completed by all Proposers

It is fundamental to the assessment of your insurance that a **five year claims history is declared**. This should include any circumstances or notifications which 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 offence involving dishonesty of any kind? If yes, please provide full details: [] Yes [] No

Have you ever been declined insurance, or had any special terms imposed? If yes, please provide full details: [] Yes [] No

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.

DECLARATION

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

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 within Company

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