



GENERAL INFORMATION

Full Legal Name and Operating Name of Applicant, and Mailing Address:

List in detail all the operations of the applicant (please provide any brochures or list of services offered):

Office Location:

Structure of Company: (select one): Proprietorship Corporation Partnership Joint Venture

If a Corporation outline any other operations of the Named Insured and confirm if there is insurance in place for those operations:

Years in business management: Years in business under current:

If less than 5 years in business, please list previous work experience:

Website address:

Policy effective date required: Target Premium Required: \$

Previous Insurer: Policy #: Expiring Premium: \$

List all Losses (claimed or not) in last 5 years:

Have you ever had insurance refused or cancelled? Yes No

If yes, please explain:

Have you or any predecessor firm filed for bankruptcy? Yes No

If yes, please explain:

Does insured or any employees ever travel to the USA on business? Yes No

If yes, please explain:

Are you involved in the automotive sales/repairs? Yes No

If yes, please explain:

LIABILITY INSURANCE

of full-time employees: # of part-time employees: Gross Annual Payroll: \$

Are you a subscriber to workers compensation: Yes No

% of work contracted out: Nature of work sub-contracted out:

Are certificates of insurance obtained from sub-contractors: Yes No

Provide details of contracts whereby you indemnify, hold harmless or release another party, attach sample contract if necessary:

SHIP REPAIRER'S LEGAL LIABILITY

Name, experience and certification of key personnel:

Describe the areas travelled to and worked in:

Table with 2 columns: Type of repairs (Burning, Engine, Fiberglass, Hull, Painting, Welding, Boiler, Other) and Types of vessels repaired (Recreational boats, Commercial vessels).



Are work orders used: Yes No

Do customers sign work orders: Yes No

GROSS RECEIPTS DECLARATION

Table with 3 columns: Nature of Work, Annual Revenue - last 12 months, Est. Annual Revenue - next 12 months. Rows include Repair Receipts, Hauling / Lifting, Work in the USA, and Receipts from other operations.

LIMITS OF INSURANCE

Table with 3 columns: COVERAGE, CO-INS%, LIMIT OF INSURANCE/ LIMIT OF LIABILITY. Rows include Tool Floater, Liability - Commercial General Liability, Tenant's Legal Liability, Marina Operators Legal Liability, Ship Repairer's Legal Liability, and Limited Pollution Liability.

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history.

Signature of Applicant: _____

Broker Signature: _____

Position Held: _____

Brokerage: _____

Date: _____

Broker Email: _____