



**Application Form for Canadian Marinas and Associated Risks**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Risk Address (if different from Mailing Address)

\_\_\_\_\_  
Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

Submitting Broker \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

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 may not protect you in the event of a claim.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Position within the Company \_\_\_\_\_

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

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### **Business Overview**

Please provide a full description of your company's business activities.

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Do you have standard trading conditions?  Yes  No  
If Yes, please attach a copy

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 the USA?  Yes  No  
If Yes, please provide details: \_\_\_\_\_

Year your company commenced business? \_\_\_\_\_

Are you registered for GST?  Yes  No

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

Did your company operate profitably last year?  Yes  No  
If No, please provide a copy of your audited accounts for the last two years.

Do you anticipate that your company will operate profitably this year?  Yes  No

Please provide details on your current policy:  
Present Insurer \_\_\_\_\_  
Renewal Date \_\_\_\_\_  
Current Premium \_\_\_\_\_

Provide details of financial or other interested parties, e.g., Additional Insured or Loss Payees, together with their specific interest:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Revenue**

Annual Revenue                      Last Financial Year                      Estimate for current Financial Year:                      Estimate for next Financial Year:

\$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Please provide breakdown of annual revenue relating to:

	% of Total Revenue	Gross Revenue \$		% of Total Revenue	Gross Revenue \$
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		
Restaurant —Food —Liquor			Other (please specify)		
Membership Fees			<b>Total Gross Revenue \$</b>		

Are the premises occupied solely by you?  Yes     No

If No, please give details of other occupants and their business activities:

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Do any commercial craft use your facility?  Yes     No

If Yes, please provide details:

Type \_\_\_\_\_

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, erosion  Yes  No
- Any severe weather/catastrophes  Yes  No

What fire fighting equipment do you have at your facility?

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**Security**

Is a ULC/CSA approved alarm fitted and operational when the premises are left unattended?  Yes  No

If Yes, give locations and type of alarm: \_\_\_\_\_

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Make of alarm and Company providing the maintenance agreement (Please enclose a copy):

What security precautions do you take for:

External Doors \_\_\_\_\_

Windows \_\_\_\_\_

Roller Shutters \_\_\_\_\_

Are any of the following installed at your premises:

- Floodlights  Yes  No
- Security Fencings  Yes  No
- 24 hr. Manned Security  Yes  No

Other Security measures if any:

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**Events**

Describe any major events or programs planned for the upcoming year:

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### 5 Year Claims History

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 be included:

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

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## Section 1—Property

Attach extra pages if necessary for additional buildings or multiple locations.

	Building #1	Building #2	Building #3
Legal Address			
Age			
Size/Area			
Type of Construction			
Occupied you as			
Occupied by others as			
Details of heating used			
Area 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, please describe			
New Replacement Value (\$)			

	Building #4	Building #5	Building #6
Legal Address			
Age			
Size/Area			
Type of Construction			
Occupied you as			
Occupied by others as			
Details of heating used			
Area 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, please describe			
New Replacement Value (\$)			

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## Contents

Nature of your stock:

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

Maximum value of any one item of stock: \$ \_\_\_\_\_

Item	Location No.	Description	Sum to be Insured
Equipment			\$ _____
Chandlery Stock			\$ _____
Stock of Vessels			\$ _____
Other Stock (excl. vessels)			\$ _____
Goods held in trust			\$ _____
Office Contents			\$ _____
Computer Equipment			\$ _____
Other—describe			\$ _____
<b>Total Sum to be insured (over all locations)</b>			<b>\$ _____</b>

\*Note: Values declared above are taken to be the new replacement cost, unless second hand value is clearly indicated.

If stock includes any vessels, advise if any are kept afloat at any time.

- (a) Usual Location \_\_\_\_\_
- (b) Maximum Number \_\_\_\_\_
- (c) Total Value Float \_\_\_\_\_
- (d) Total Value on Land \_\_\_\_\_

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 value of stock:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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**Business Interruption Cover**

Gross Revenue from your Business activities as declared \$ \_\_\_\_\_

Estimated Gross Profit for your current year: \$ \_\_\_\_\_

Increased Cost of Working: \$ \_\_\_\_\_

Maximum Indemnity Period: \_\_\_\_\_ mnths

Rent or Rental Value, if applicable \$ \_\_\_\_\_

Do you employ a professional accountant?  Yes  No

If Yes, please provide name and address:

Name	Address
_____	_____
_____	_____
_____	_____







Type of repair work you carry out:

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Materials used, check all that apply:

- GRP                       Wood                       Steel                       Aluminum

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

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

Do you carry out work away from your premises?                       Yes                       No

If Yes, please give details of work undertaken:

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Do you use welding or flame cutting equipment, or any such similar equipment in work away from your premises?                       Yes                       No

Do you work outside of Canada?                       Yes                       No

If Yes, which countries? \_\_\_\_\_

Do you require Waterborne Liabilities (i.e., testing, demonstrating):                       Yes                       No

Please give details of waterborne activities to be covered:

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**Section 3—Crime**

Limits required:

Employee Dishonesty Coverage— Form A or  Form B \$ \_\_\_\_\_

Loss Inside the Premises Coverage \$ \_\_\_\_\_

Loss Outside the Premises Coverage \$ \_\_\_\_\_

Money Orders and Counterfeit Paper Currency Coverage \$ \_\_\_\_\_

Depositors Forgery Coverage \$ \_\_\_\_\_

If Employee Dishonesty Coverage is required, advise the # of employees:

Class 1 \_\_\_\_\_

Class 2 \_\_\_\_\_

Note—Class 1 Employees are defined as employees, including executives, managers, etc. who as a part of their regular duties, handle or have custody of money, securities or merchandise. All other employees should be shown as Class 2 for rating purposes.

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### Section 4—Vessels

Attach extra pages if necessary for additional vessels.

	Vessel	Trailer	Additional Equipment
Make/Model/Length			
Year*			
Construction			
Value			
Serial No.			
Use of Vessel			
Maximum Speed			
Area of Operation			

	Vessel	Trailer	Additional Equipment
Make/Model/Length			
Year*			
Construction			
Value			
Serial No.			
Use of Vessel			
Maximum Speed			
Area of Operation			

\*If over 15 years of age, attach a copy of the last out of water survey.

Are the trailers fitted with a wheel clamp when left unattended?  Yes  No  
 If No, please provide detail of other forms of security:

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Are the vessels used for towing water-skiers or similar activities?  Yes  No  
 Are the vessels used for racing?  Yes  No  
 If Yes, please give full details:

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If vessels are used for commercial use and/or charters, please provide full details:

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### Section 5—Marine Structures

Please give full description and provide sketch plan and attach any reports or valuations:

Age: \_\_\_\_\_ Total Length: \_\_\_\_\_ No. of Sections: \_\_\_\_\_

What is the construction type (i.e. wood, metal frame or concrete)? \_\_\_\_\_

Number of Covered Slips \_\_\_\_\_ Value \$ \_\_\_\_\_

Number of Open Slips \_\_\_\_\_ Value \$ \_\_\_\_\_

What services do you supply? \_\_\_\_\_

Supplier/Manufacturer of Slips? \_\_\_\_\_

How are the pontoons secured to the seabed? \_\_\_\_\_ No. of piles? \_\_\_\_\_

Are the pontoons subject to tidal conditions?  Yes  No

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? \$ \_\_\_\_\_

What is the reinstatement value of your marine structures including installation costs and services provided? \$ \_\_\_\_\_

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

If Yes, please provide full details of these structures:

	#1	#2	#3
Location			
Type of Structure			
Age			
Size/Area			
Type of Construction			
Capacity			
Ashore or Afloat?			

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**Section 6—Goods in Transit Insurance**

Description of Goods: \_\_\_\_\_

Usual method of transit: \_\_\_\_\_

Canadian destination(s): \_\_\_\_\_

Other destination(s): \_\_\_\_\_

Total annual value of Canadian shipments last year: \$ \_\_\_\_\_

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

The maximum value of any one shipment: \$ \_\_\_\_\_

Do you use one regular professional freight forwarder/hauler?  Yes  No

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

Total annual value of shipments outside Canada last year: \$ \_\_\_\_\_

Estimate of total value of shipments outside Canada for this policy year: \$ \_\_\_\_\_

Maximum value of any one shipment: \$ \_\_\_\_\_

Do you use one regular professional freight forwarder/hauler?  Yes  No

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



## Section 7—Vessels under Construction

Production Boat Builders

PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT

Type of Vessels, Hull Construction, Speed and Values of the vessels you build:

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Do you have experience in building this type of vessel(s)?  Yes  No

If Yes, how many years \_\_\_\_\_

Who designed the vessel? \_\_\_\_\_

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? \$ \_\_\_\_\_

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: \_\_\_\_\_

What is the highest completed value of any one vessel? \$ \_\_\_\_\_

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? \$ \_\_\_\_\_

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

Do you work outside of Canada?  Yes  No

If Yes, please specify countries: \_\_\_\_\_

Is cover required for demonstration or trials or tests?  Yes  No

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### Individual Builds

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

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Do you have experience in building this type of vessel?

Yes

No

If Yes, how many years? \_\_\_\_\_

Who designed the vessel? \_\_\_\_\_

Completed value: \$ \_\_\_\_\_

Value(s) at specific intervals:

Yes

No

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Where is the vessel being built? \_\_\_\_\_

Is construction under cover?

Yes

No

Expected completion date: \_\_\_\_\_

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