



Harlock Murray Underwriting Ltd.

First Capital Place, Unit #103, 960 Quayside Dr., New Westminster, B.C. V3M 6G2

APPLICATION FOR BUILDERS RISK INSURANCE

BROKER INFORMATION			
Brokerage and Branch:		Contact Name:	
Tel:		Email:	

1. GENERAL APPLICANTS INFORMATION

Applicant's Name:			
Mailing Address:			
Email:		Web page:	
Build Yard or Premises Address:			
Years in business:		Years under current management:	
Describe additional related experience :			

2. GENERAL OPERATING INFORMATION

Describe type of vessels built:			
Are vessels built:	On speculation		Custom order only
For boats under construction advise values at risk:	Maximum value any one boat:		Average value any one boat:
	Maximum total values any one location:		Average total values any one location:
Average number of builds per year:		Average build period per vessel:	Total Annual Values Constructed:
Percent (%) of sales to:	Canada (%):	USA (%):	Other (describe)(%):
Is there an inventory of boats kept on site for resale?	Yes	No	<i>If Yes, Boat Dealers Application must be completed.</i>
Are boat shows attended?	Yes	No	How many boat shows are attended per year?
Advise boat show locations if insurance is required:			
What does applicant exhibit / display at boat shows? Explain fully:			



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Advise if any of these hazardous operations take place on site:			Advise controls in place to avoid injury, loss or damage:	
Fiberglass Work:	Yes	No		
Spray Painting:	Yes	No		
Welding:	Yes	No		
Other hot work:	Yes	No		
Cutting or grinding:	Yes	No		
Woodwork:	Yes	No		
Chemical Storage:	Yes	No		
Describe other hazardous processes and their controls:				

Is any work sub contracted? If Yes , describe how sub-contractors are vetted:	Yes	No	What percentage (%) of work is subcontracted?	%
Do the sub-contractors carry their own General Liability or Shiprepairers Legal Liability or Builders Risk cover?	Yes	No	Is proof of this cover obtained?	Yes No
Describe all work sub- contractors perform:				

3. SEA TRIALS and DELIVERIES

Describe testing done to ensure successful launches:				
Describe radius and waters of sea trials:				
Are vessels delivered to owners by builder upon completion?	Yes	No	Is insurance coverage required for these deliveries?	Yes No
Describe delivery method:	Trailerred on Land		Navigated under own power	Common Carrier
Describe usual delivery radius:				

4. PRIOR INSURANCE and CLAIMS HISTORY

Prior Insurance Company:		Policy Number:		Expiry Date: mm/dd/yyyy	
Has insurance coverage ever been cancelled, declined or refused? If Yes , explain:	Yes	No			
Describe all claims in the past 5 years including dates, amounts paid:					
Have you been involved in any major losses at any time? If Yes , provide full details:	Yes	No			



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5. INSURANCE COVERAGE REQUESTED

	Insured Value or Limit of Liability	Deductible
Hull and Machinery Insured maximum value per vessel:		
Maximum total Insured values per location:		
Protection and Indemnity per vessel:		
Other, describe:		

SUPPLEMENTARY BUILDING APPLICATION TO BE FILLED IN ON THE NEXT PAGE



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SUPPLEMENTARY BUILDING APPLICATION PER LOCATION TO BE INSURED

Risk Location Address to be insured:	Owned	Rented
a.		
b.		
c.		

General		Location	Construction		Location	Roof Decking		Location		
	a.	b.	c.		a.	b.	c.	a.	b.	c.
Square Feet:				Fire resistive				Steel		
Year Built:				N.S.F.R.				Concrete		
Number of stories:				Incombustible				Mill		
Sprinklers:				Brick / Veneer				Patent / Wood Joist		
				Brick / Masonry						
				Frame						
				Other:						

Roof Covering		Location	Grade Floor		Location	Chimney		Location		
	a.	b.	c.		a.	b.	c.	a.	b.	c.
Patent				Concrete				Brick/Masonry from ground		
Wood Shingles								Listed pre-fab metal		
Metal								Other:		
Tar Paper										
Other:										

Exposures (i.e. Neighboring Occupants):		Location	Electrical		Location	Wiring		Location		
	a.	b.	c.		a.	b.	c.	a.	b.	c.
a.				Fuses – Type:				Conduit		
b.								Romex		
c.				Circuit Breakers				B.X.		
								Other:		

Heating		Location	Internal Security		Location	External Security		Location		
	a.	b.	c.		a.	b.	c.	a.	b.	c.
Electric				Local alarm				Area fenced & Locked gate		
Forced air				Monitored alarm				Watchmen services		
Steam				Motion Detection				24 Hour Watchmen		
Hot water				On Premises:				Night Watchmen		
Woodstove				Vault				Floodlights		
(attach latest inspection report)				Safe				Guard dogs		
Other:								Other:		

Other Security		Location	External Fire Protection		Location			Location		
	a.	b.	c.	(each location):	a.	b.	c.	a.	b.	c.
Bars on windows				Nearest fire hydrant: (m)						
Steel door				Nearest fire hall: (km)						
Deadbolts:				Voluntary fire hall:						
Other:				Paid fire hall:						

Applicant's signature:	Date:
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CONSENT AND DISCLOSURE: Where (a) an applicant for this contract gives false particulars to the prejudice of the Insurer or 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 makes a false statement in respect of a claim will become invalid and the Insured's right to recovery is forfeited. The applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. 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. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information for the purposes of communication with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.



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DATA COLLECTION STATEMENT

How We Use Your Personal Information

By signing this form you consent to us processing your personal data, including sensitive personal data, personal information, and personal health information as defined in applicable regulations and legislation including the Canadian Personal Information Protection and Electronic Documents Act (PIPEDA) and the British Columbia Personal Information Protection Act (PIPA).

Personal Information is information, in any form (oral, electronic or written) about an identifiable individual, including but not limited to:

- name, address and telephone number
- age, family and marital status
- driving record
- previous insurance and claims experience
- medical and health information
- employment information
- banking information, credit rating, payment records

We use this information, any additional information we subsequently collect from you or others in connection with our insurance policies including from your insurance broker, surveyors, loss adjusters, and other third parties as well as information from other transactions with us and our affiliates to:

- i. Assess your suitability for an insurance policy;
- ii. Provide you with insurance cover;
- iii. Issue statutory notices, circulars and corporate data;
- iv. Renew or amend your insurance policy;
- v. Review, investigate and respond to any claim(s) you may make;
- vi. Assess future proposals for insurance
- vii. Review previous proposal information to assess future risk of loss;
- viii. Make payments in respect of claims under your policy accepted by us;
- ix. Communicate with you, including by email, about our company and our products; and
- x. Comply with our legal obligations.

Failure to provide this information may affect your ability to enter into, or claim under, an insurance policy with us.

To enable us to pay claims that we have accepted, we may need to collect bank details from you. From time to time we may retain these details securely to enable us to process future claim payments. If you would prefer us not to retain this information, let us know.

Disclosure of Your Personal Information

By signing this form you agree that we may disclose personal data we have collected, or may collect, from you to:

- i. Other (re)insurers;
- ii. Organisations within Harlock Murray Underwriting Limited's group (including group entities outside Canada);
- iii. Surveyors, loss adjusters and other investigators;
- iv. Professional advisors, and other experts
- v. Financial and/or regulatory institutions;
- vi. Organisations that provide services to us in relation to our products including processing policies and claims; and
- vii. Law enforcement agencies.

Your personal information may be used, processed, stored or accessed outside of Canada. We will take all reasonable steps to ensure your personal information is secured in compliance with all applicable data protection legislation. Personal information stored or accessed in other countries is subject to the laws of and may be disclosed in response to demands or requests from government authorities, courts or law enforcement in those countries.

Third Party Information

By signing this form you confirm that you have obtained all relevant consents from all individuals whose data you disclose in this form (including but not limited to crew, skippers, employees and Owner's).

If you require any further information about our data protection policy, have questions about the processing of your personal data, or wish to access or request corrections to your personal data contact our privacy officer (Martin Coull, Assistant General Manager; phone: 604-806-0880; mcoull@hmmarine.com).