



Harlock Murray Underwriting Ltd.

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

APPLICATION FOR WORK BOAT INSURANCE

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

1. GENERAL APPLICANTS INFORMATION

Applicant's Full Name:			
Mailing Address:			
Email:	Web page:	Years in business:	
Risk Location Address:			Years under <u>current</u> management:
Describe additional <u>related</u> experience:			

2. GENERAL OPERATING INFORMATION

Describe Operations in detail:			
Any towing operations performed?	Yes	No	
If Yes , describe in full detail:			
Operating Season:	Annual Gross Revenues:		
Advise ALL waters the vessels are operated in:	Moorage location of vessels:		
If vessels in storage over winter advise location:	Security, fire protection at storage location:		
Number of crew on board:	Are crew covered by WCB?	Yes	No

3. VESSEL INFORMATION *(if more than one vessel complete the Vessel Supplementary Application)*

Vessel Name:	Year of Construction:	Type of Vessel:	
Builder:	Hull Construction:		
Length (Ft.):	Gross Tonnage:		
Engine Manufacturer:	Engine Type:	Outboard	Inboard
Year Engine Built:	Horse Power (HP):	Engine Hours since last rebuild:	



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Fuel Type:	Gas	Diesel	Date of main engine last major overhaul /rebuild:	
Type of dinghy/skiff:		Age of dinghy/skiff:		Length of dinghy/skiff (Ft.):
Type of dinghy/skiff motor:		Age of dinghy/skiff motor:		Hours of dinghy/skiff motor:
Date of Vessel's most recent Survey:		In Water Survey	Out of Water Survey	Attach a copy of the Survey.
Date ALL survey recommendations fully complied with:				
Details of any major vessel refit or upgrades in past 5 years including dollar values:				
Trailer make:		Trailer year:		Trailer purchase date:
				Trailer purchase price:
Date Vessel purchased:		Vessel Purchase Price:		
Vessel Market value:		Vessel Replacement cost:		
Dinghy/skiff purchase price:		Dinghy/skiff Market value:		
Attach copies of any surveys or inspections.				

4. OPERATOR INFORMATION

Full Name of ALL Operator's*:	
*Fill in the skipper/operator questionnaire attached for each operator.	

5. PRIOR INSURANCE and CLAIMS HISTORY

Prior Insurance Company:		Policy Number:		Expiry Date:	
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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6. INSURANCE COVERAGE REQUESTED		
	Insured Value or Limit of Liability	Deductible
Hull and Machinery:		
Vessel*:		
Outboard Motor*:		
Dinghy / Skiff*:		
Dinghy / Skiff Motor*:		
Trailer*:		
Protection and Indemnity:		
Other, describe:		
<i>*Separate values must be shown for each of these items</i>		
APPLICANT'S SIGNATURE		
		Dated:

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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SKIPPER / OPERATOR SUPPLEMENTARY QUESTIONNAIRE

1. GENERAL INFORMATION				
Skipper / Operator's Full Name:			Name of Vessel to be skippered:	
Mailing Address:				
Date of Birth:		Number of years at sea:		e-mail:
Certifications, tickets, licenses:				
Other related qualifications:				
Additional <u>related</u> experience:				

2. PRIOR VESSELS OPERATED OR CREWED, etc., WITHIN THE LAST 5 YEARS:				
VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

3. CLAIMS HISTORY (this vessel and all other vessels owned / operated in the past 5 years. If none, state "None")				
DATE of LOSS	DESCRIPTION of LOSS	AMOUNT PAID	INSURER	STATUS*

* State whether the claim is closed or ongoing.

Has the applicant been involved in ANY major losses or damages on any vessel whether insured or not?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide full details as per CLAIMS HISTORY section:			

SKIPPER/OPERATOR SIGNATURE	
	Dated:

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; mccoull@hmmarine.com).