



# Harlock Murray Underwriting Ltd.

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

## APPLICATION FOR MARINE GENERAL LIABILITY INSURANCE

BROKER INFORMATION				
Brokerage and Branch:		Contact Name:		
Tel:		Email:		
1. GENERAL APPLICANTS INFORMATION				
Applicant's Name:				
Mailing Address:				
Email:		Web page:		
Company Structure: If <b>other than above</b> , describe:	Individual	Corporation	Partnership	Joint Venture
Years in business:		Years under current management:		
Describe additional <b>related experience</b> :				
Any past bankruptcy filings: If <b>Yes</b> , describe:	Yes	No		
Location Address*:				
Are there any buildings at this location(s)?	Yes	No		
*If <b>Yes</b> , submit a Supplementary Building Application.				
*If <b>No</b> , the below questions regarding yard or premise can be answered in lieu of the building application.				
2. GENERAL OPERATING INFORMATION				
Describe all operations to be insured under this MGL:				
Annual Gross Revenues for the past 3 years:	Estimated Gross Revenues for the upcoming year:			
Year:	Gross Revenues:			
Year:	Gross Revenues:			
Year:	Gross Revenues:			
Percent (%) of Gross Revenues by Country:	Canada: %	USA: %	Other, describe: %	
Advise if any of the following activities are conducted:	Pile Driving	Dredging	Pipe Cutting	Cable Laying
	Bridge Work	Diving	Demolition	Drilling
	Excavation	Blasting	Caisson Work	
	Pressure Washing	Shoring / Tunneling / Underpinning		
Advise Gross Revenues for EACH activity selected above:				
Describe typical contractors equipment used for operations:				



**Applicant's Name:**

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ANY products / items / parts manufactured or fabricated?	Yes	No	If <b>Yes</b> , fully describe all items:	
Describe qualify control of products manufactured:				
Any retail sales of any parts / products?	Yes	No	If <b>Yes</b> , describe the parts / products and confirm annual gross revenues:	
Is there a vending agreement in place for selling third party products?	Yes	No	If <b>Yes</b> , describe the agreement:	
Described products recalled or discontinued in the past 5 years:				

### 3. EMPLOYEE INFORMATION

Number of full time employees:		Number of part time employees:		Are employees covered by WCB?	Yes	No
List countries that employees may travel to for work:						
Are foreign workers ever hired? If <b>Yes</b> , where are these foreign workers domiciled?	Yes	No				
Any professionals on staff?	Yes	No	Describe their duties:			
Is any work sub-contracted?	Yes	No	Percent (%) of work sub-contracted:	%		
If <b>Yes</b> , fully describe type of work sub-contracted:						
If <b>Yes</b> , describe how sub-contractors are vetted:						
Are sub-contractors required to carry own CGL?	Yes	No	Is proof obtained?		Yes	No

### 4. LIFTING – complete this section for all devices capable of lifting vessels

Describe the lift devices available for use	Number of	Certified Capacity	Age	Date last Inspected (mm/yyyy)

### 5. PREMISE or YARD INFORMATION

Select all fire protection measures in place at premise or yard:	Voluntary Fire Hall	<input type="checkbox"/>	Paid Fire hall	<input type="checkbox"/>	Hydrant within 500m
	Sprinklers	<input type="checkbox"/>	Stand pipe and hose	<input type="checkbox"/>	Smoke alarms
Number of fire Extinguishers:			Date of Last inspection:		
Select all the security measures in place at premise or yard:	Locked Compound	Fully fenced, gated and locked entry		24 hour security	
	Motion Detector	Floodlights		Local Alarm	
	Monitored Alarm	Guard Dogs			



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Advise if 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:					
Any mobile work/operations performed off-site:	Yes	No	If Yes, fully explain:		
Name and describe all regular off-site locations:				Percent of annual gross revenues generated from off-site (mobile) repair work / operations:	%
Describe other businesses sharing the same dock, site or premise:					
List the businesses where the applicant is the landlord:					
Does the applicant obtain proof of liability insurance from each tenant?	Yes	No	Is the applicant added as an additional insured?	Yes	No
<b>6. AUTOMOBILE INFORMATION – complete this section if non owned automobile liability insurance is requested</b>					
Number of employees using their vehicles for work?			Number of times per year automobiles rented?		
State the mandatory insurance required if applicable:					
Describe any other non-owned automobile exposures:					
<b>7. ENVIRONMENT INFORMATION</b>					
Age of tank:		Type of tank:	Single Walled tank	Double Walled tank	
Type of Fuel:			Date of latest facility inspection: (mm/yyyy)		
Where is the tank located?:	Tank on Docks		Tank on Shore		
Where is the tank placed?:	Above Ground		Below Ground		
Do operations involved storing, treating, disposing or transporting waste materials?	Yes	No	Are EPA certified companies used in connection with this work?	Yes	No
Describe any spills or release of pollutants from any locations owned or operated by applicant:					
Fully describe spill response procedures in place:					



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### 8. 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			

### 9. INSURANCE COVERAGE REQUESTED

	Limit of Liability	Deductible
Bodily Injury and Property Damage:		
Products and Completed Operations:		
Tenants Legal Liability:		
Personal Injury:		
Advertising Injury:		
Employee Benefits:		
Medical Payments and First Aid:		
Sudden and Accidental Pollution – Time Element:		
Other, describe:		

### APPLICANT'S SIGNATURE

	Dated:
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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; [mccoull@hmmarine.com](mailto:mccoull@hmmarine.com)).