

**MARINE FACILITIES PACKAGE APPLICATION
FORM – MCCOMP #1 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):

List of Locations:

Location 1 (address and operations at this location): _____

Location 2 (address and operations at this location): _____

Location 3 (address and operations at this 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: _____ Years in business under current management: _____

If less than 5 years in business, please list previous experience in managing such a business:

Member of any Marina Operators Association Yes No

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: _____

Does insured manufacture or build boats: Yes No If yes, please explain: _____

Are you involved in the automotive sales/repairs: Yes No If yes, please explain: _____

Do you sell ammunition or firearms: Yes No If yes, please explain: _____

Do you rent jet skis or other jet powered watercraft: Yes No

Do you rent out houseboats: Yes No

Does insured store boats indoor: Yes No

If yes, please provide: Gross receipts from indoor storage: \$ _____

Maximum value of boats stored at any one time: \$ _____

Do you sell any items over the internet: Yes No If yes, please explain: _____

Is there any hazardous work done: Yes No If yes, please explain: _____

Spray Booth? Yes No ULC/CSA Approved? Yes No

Is there a restaurant in this building? Yes No If yes, please advise: _____

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Number of seats: _____	Area of Dance Floor (sq feet): _____
Is there an automatic suppression system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a 6 month cleaning contract in place for duct cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a 6 month cleaning contract in place for hood cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of fire extinguishers adjacent to the cooking equipment: _____	
Is there an alarm system connected for fire detection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitored: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an alarm system connected for burglary: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitored: <input type="checkbox"/> Yes <input type="checkbox"/> No ULC Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a caretaker that lives on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	

GROSS RECEIPTS DECLARATION

Nature of Work:	Annual Revenue – last 12 months:	Est. Annual Revenue - next 12 months:
Moorage Receipts (provide copy of moorage agreement)	\$	\$
Storage Receipts (provide copy of storage agreement)	\$	\$
Boat Sales Receipts – from Boat Stock	\$	\$
Boat Sales Receipts – Consignment/ Yacht Brokerage Sales (provide copy of brokerage agreement)	\$	\$
Boat Rentals (provide copy of rental agreement)	\$	\$
Fuel Receipts	\$	\$
Chandlery / Boating Supplies Receipts	\$	\$
Repair Receipts	\$	\$
Restaurant Receipts – Liquor	\$	\$
Restaurant Receipts – Food / Other	\$	\$
Hauling / Lifting (on premises)	\$	\$
Hauling / Lifting (off premises)	\$	\$
Sales to USA	\$	\$
Receipts from Rental of Rooms/ Dwellings	\$	\$
Pad a/o Campsite Rental Receipts	\$	\$
Receipts from Manufacturing or Altering Products	\$	\$
Receipts from other operations (please explain): _____	\$	\$
Receipts from other operations (please explain): _____	\$	\$
Total	\$	\$

SECTION 1 – PROPERTY INSURANCE

BUILDING INFORMATION	LOCATION #1	LOCATION #2	LOCATION #3	LOCATION #4
ADDRESS				
# STORIES				
WALL CONSRUCTION				
ROOF JOIST CONSTRUCTION	<input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/> Wood <input type="checkbox"/> Steel

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ROOF COVERING	<input type="checkbox"/> Patent Shingle <input type="checkbox"/> Torched On Membrane <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Wood shake/Shingle <input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Patent Shingle <input type="checkbox"/> Torched On Membrane <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Wood shake/Shingle <input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Patent Shingle <input type="checkbox"/> Torched On Membrane <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Wood shake/Shingle <input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Patent Shingle <input type="checkbox"/> Torched On Membrane <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Wood shake/Shingle <input type="checkbox"/> Other (please explain)
YEAR ROOF LAST UPDATED				
FLOOR CONSTRUCTION				
FOUNDATION CONSTRUCTION				
AREA SQ. FT.				
HEATING				
FUEL USED				
BREAKER'S	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROTECTION	<input type="checkbox"/> Hydrant <input type="checkbox"/> Recognized Firehall <input type="checkbox"/> Unprotected	<input type="checkbox"/> Hydrant <input type="checkbox"/> Recognized Firehall <input type="checkbox"/> Unprotected	<input type="checkbox"/> Hydrant <input type="checkbox"/> Recognized Firehall <input type="checkbox"/> Unprotected	<input type="checkbox"/> Hydrant <input type="checkbox"/> Recognized Firehall <input type="checkbox"/> Unprotected
SPRINKLERED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fully <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fully <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fully <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fully <input type="checkbox"/> Partial
FENCED YARD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
YEAR BUILT				
ALARM MONITORED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MONITORING COMPANY				
OCCUPANCY				

SECTION 2 -BOAT DEALERS

Describe types of vessels sold (i.e. power, sail etc...) and list name of Manufacturers you represent:

	Maximum value per vessel	Max Total Value at this Location	Monthly Inventory Value All Locations Combined
Location 1:	\$	\$	Minimum: \$
Location 2:	\$	\$	Average: \$
Location 3:	\$	\$	Maximum: \$
Total Value of Boats under 28 feet:	\$		
Total Value of Boats over 28 feet:	\$		
Is lot fully secured, gated and locked:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does applicant participate in any boat shows:		How many per year and where:	

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SECTION 3 – VESSELS (H&M and P&I) – Owned Boats / Work Boats

Vessel Description: (year, make model, length): _____ Value: _____
 \$ _____
 \$ _____
 \$ _____

Please describe what these work boats are used for: _____

- If boats are older than 15 years of age and less than 24 feet provide photos both inside and outside
- If boats are older than 15 years of age and longer than 24 feet provide current marine survey

SECTION 3 – VESSELS (H&M and P&I) – Rental Fleet

Vessel Description: (year, make model, length): _____ Value: _____
 \$ _____
 \$ _____
 \$ _____

Please describe what these work boats are used for: _____

- If boats are older than 15 years of age and less than 24 feet provide photos both inside and outside
- If boats are older than 15 years of age and longer than 24 feet provide current marine survey
- If you have a rental fleet of boats, please attach a valued inventory of the fleet

SECTION 4 – WHARVES / DOCKS / FLOATS

What is the wharf/dock used for? Please provide full description: _____

Location of wharf/dock: _____

Age: _____ Construction: _____ No. of Slips: _____ Do any of your docks have fuel? Yes No

Date of last survey or inspection of wharf/dock (attach copy): _____

Are there any commercial vessels moored at the docks: Yes No If yes, advise age of hoist or winch: _____

Any winches or hoist on wharf/dock: Yes No

And when last inspected (attach copy of inspection): _____

Any cradles or travel lifts on wharfs/docks: Yes No

And when last inspected (attach copy of inspection): _____

SECTION 5- LIABILITY INSURANCE

Do you have any US exposure (i.e. products sold to US citizens, deliveries to USA, etc.)? Yes No

If yes, please describe and quantify gross receipts from these sales: _____

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: _____

Do you manufacture products: Yes No If yes, explain: _____

Do you provide guarantees or warranties for products: Yes No If yes, explain: _____

Give age of storage tanks, numbers & size, contents, construction, whether above or below ground and when last surveyed, whether fuelling conducted ashore, on the dock by employees or boat owners: _____

Do operations involved storing, treating, disposing or transporting hazardous or waste materials? Yes No

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Are transporters, handlers, or disposal companies EPA certified and properly insured? Yes No

Have you during the past 5 years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, from locations owned or operated by you, into the environment? Yes No If YES please attach a separate sheet describing incident in detail.

Do you use any mobile equipment: Yes No If yes, please describe: _____

Do you lease equipment to others: Yes No If yes, please describe leasing arrangement or attach applicable contracts: _____

Do you have any medical facilities onsite: Yes No If yes, please explain: _____

Is there a formal safety program in operation: Yes No If yes, please describe: _____

Other comments on safety procedures: _____

MARINA OPERATOR'S LIABILITY

Usual operating season: Open all year Closed in winter What dates is the business closed? _____ To _____

Are docks removed from the water during winter season? Yes No

If yes describe winter storage arrangements: _____

of slips: _____ Avg value of any vessel at marina: \$ _____ Max total value of vessels moored at the marina at any one time: _____

Does the Marina have any equipment for lifting or moving vessels Yes No

If yes, what is the largest vessel (in length and weight) that you will lift or move: _____

If storage (ashore or afloat) describe method: _____

If stored in a building advise percentage of indoor storage revenue: \$ _____

Describe other businesses also located at or adjacent to this marina whose customers would have access to the docks (i.e. pubs or cafes etc...): _____

Is a Hold Harmless Moorage Agreement in use? Yes No If yes, please attach a copy.

Are there any signs posted stating USE AT OWN RISK or similar? Yes No

If yes please describe wording and locations of signs: _____

SHIPREPAIRER'S LEGAL LIABILITY

Name, experience and certification of key personnel: _____

For mobile repairs describe the areas travelled to and worked in: _____

Type of repairs:		Types of vessels repaired:	
Burning _____ %	Painting _____ %	Recreational boats under 60 ft in length _____ %	
Engine _____ %	Welding _____ %	Recreational boats over 60 ft in length _____ %	
Fiberglass _____ %	Boiler _____ %	Commercial vessels _____ %	
Hull _____ %	Other _____ %	Please list the types of commercial vessels: _____	

How are dangerous materials (i.e. paints, cleaners, etc.) stored: _____ Are work areas vented to the outside: Yes No

Maximum number of vessels at yard any one time: _____ Maximum value of vessels at yard any one time: _____

Are work orders used: Yes No Do customers sign work orders: Yes No

Explain any and all safety measures taken when working on vessels: _____

LIMITS OF INSURANCE /LIMITS OF LIABILITY

COVERAGE	CO-INS%	LIMIT OF INSURANCE/ LIMIT OF LIABILITY
Building(s):	80%	\$
Building(s):	80%	\$
Building(s):	80%	\$

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Furniture, Fixtures, Equipment	80%	\$
Travel Hoists (provide description)	80%	\$
Other Mobile Equipment (Forklifts, trailers etc (provide description)	80%	\$
Miscellaneous hand tools (restricted to premises)	80%	\$
<ul style="list-style-type: none"> • \$1,000 any one item or set • Items over \$1,000 (provide description) 	80%	\$
Stock ACV (excluding property as covered under Section 2 Boat Dealers Ins.)	80%	\$
Other Stock ACV: - RV's, ATV's, Ski Doo's etc.	80%	\$
<ul style="list-style-type: none"> • Wine, Alcohol, Tobacco Products 	80%	\$
Property in Transit by Parcel Post		\$
Property in Transit Other (excluding laptops)		\$
Custody of Sales Representative (excluding laptops)		\$
Rent or Rental Value Form	100%	\$
Profits	100%	\$
Gross Earnings: <input type="checkbox"/> 50% Co-ins <input type="checkbox"/> 80% Co-ins		\$
Extra Expense	-	\$
Flood/ Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No	-	\$
Valuable Papers and Records	-	\$
Accounts Receivable Insurance	-	\$
Computer Insurance	80%	\$
Sign Form	80%	\$
Glass Rider (_____ sq feet)	-	\$
Comprehensive Dishonesty, Disappearance and Destruction - Form A	-	\$
Loss Inside the Premises	-	\$
Loss Outside the Premises		\$
Money Orders & Counterfeit Paper		\$
Depositors Forgery		\$
Boiler & Machinery Roof Top Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Section 2 – Boat Dealer Stock – Direct Damage		
<input type="checkbox"/> 28 ft in length and under		\$ _____ any one vessel \$ _____ any one location
<input type="checkbox"/> 29 ft in length and over		\$ _____ any one vessel \$ _____ any one location
Section 2 – Boat Dealer – Protection and Indemnity	-	\$
Section 3 – Owned Vessels – Hull & Machinery	-	\$ any one vessel
Section 3 – Owned Vessels – Protection and Indemnity	-	\$
Section 3 – Boats Rented to Others – Hull & Machinery	-	\$ any one vessel
Section 3 – Boats Rented to Others – Protection and Indemnity	-	\$
Section 4 – Wharves and Floats	-	\$
Section 5 – Liability - Commercial General Liability Including: Bodily Injury & Property Damage, Products & Completed Operations	-	\$

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Personal Injury Liability		
Tenant’s Legal Liability		\$
Marina Operators Legal Liability		\$
Ship Repairers’ Legal Liability		\$
Limited Pollution Liability		\$

Checklist of Required Attachments:

- Photos of all buildings and docks.
- Copies of the standard moorage and storage agreement used.
- If consignment sales are done, copy of the standard consignment agreement used.
- If boats are rented out, copy of the standard boat rental agreement.

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured’s right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured’s representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant: _____ Broker Signature: _____

Position Held: _____ Brokerage: _____

Date: _____ Broker Email: _____

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada’s largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercialmarine@premiergroup.ca ****
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