

YACHT CLUBS & SAILING CLUBS APPLICATION

FORM - YCCOMP #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: Not For Profit - Yes No

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: _____

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: _____

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 Rentals (provide copy of rental agreement)	\$	\$
Fuel Receipts	\$	\$
Chandlery/Boating Supplies Receipts	\$	\$
Restaurant Receipts – Liquor	\$	\$
Restaurant Receipts – Food/Other	\$	\$
Hauling/Lifting (on premises)	\$	\$
Hauling/Lifting (off premises)	\$	\$
Receipts from Rental of Rooms/Dwellings	\$	\$
Receipts from other operations (please explain): _____	\$	\$

Receipts from other operations (please explain): _____	\$	\$

Total:	\$	\$

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PROPERTY INSURANCE

Location 1 – please list the use/occupancy of this building:

Distance to hydrant : _____ Distance to responding fire department: _____

Year Built: _____ Number of Stories: _____ Building Construction Type: _____

Sprinklered: Yes No 100% or _____ % Wet System Dry System

Heating: Gas Electric Oil Combination Furnace Wood Stove Other (explain): _____

Electrical: Fuses Circuit Breakers

Updates to above (include date of updates to each): Roof _____ Plumbing _____ Heating _____ Electrical _____ Furnace _____

Occupancy: 1st floor: _____ 2nd floor: _____ 3rd floor: _____

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

Number of Seats: _____ Area of Dance floor (sq feet): _____

Is there an automatic suppression system? Yes No

Is there a 6 month cleaning contract in place for duct cleaning Yes No

Is there a 6 month cleaning contract in place for hood cleaning Yes No

Number of fire extinguishers adjacent to the cooking equipment: _____

Is there an alarm system connected for fire detection: Yes No Monitored: Yes No

Is there an alarm system connected for burglary: Yes No Monitored: Yes No ULC approved Yes No

Is there a caretaker that lives on site: Yes No

Location 2 – please list the use/occupancy of this building:

Distance to hydrant: _____ Distance to responding fire department: _____

Year Built: _____ Number of Stories: _____ Building Construction Type: _____

Sprinklered: Yes No 100% or _____ % Wet System Dry System

Heating: Gas Electric Oil Combination Furnace Wood Stove Other (explain): _____

Electrical: Fuses Circuit Breakers

Updates to above (include date of updates to each): Roof _____ Plumbing _____ Heating _____ Electrical _____ Furnace _____

Occupancy: 1st floor: _____ 2nd floor: _____ 3rd floor: _____

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

Number of Seats: _____ Area of Dance floor (sq feet): _____

Is there an automatic suppression system? Yes No

Is there a 6 month cleaning contract in place for duct cleaning Yes No

Is there a 6 month cleaning contract in place for hood cleaning Yes No

Number of fire extinguishers adjacent to the cooking equipment: _____

Is there an alarm system connected for fire detection: Yes No Monitored: Yes No

Is there an alarm system connected for burglary: Yes No Monitored: Yes No ULC approved Yes No

Is there a caretaker that lives on site: Yes No

Location 3 – please list the use/occupancy of this building:

Distance to hydrant : _____ Distance to responding fire department: _____

Year Built: _____ Number of Stories: _____ Year Built: _____

Sprinklered: Yes No 100% or _____ % Wet System Dry System

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Heating: Gas Electric Oil Combination Furnace Wood Stove Other (explain): _____

Electrical: Fuses Circuit Breakers

Updates to above (include date of updates to each): Roof _____ Plumbing _____ Heating _____ Electrical _____ Furnace _____

Occupancy: 1st floor: _____ 2nd floor: _____ 3rd floor: _____

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

Number of Seats: _____ Area of Dance floor (sq feet): _____

Is there an automatic suppression system? Yes No

Is there a 6 month cleaning contract in place for duct cleaning Yes No

Is there a 6 month cleaning contract in place for hood cleaning Yes No

Number of fire extinguishers adjacent to the cooking equipment: _____

Is there an alarm system connected for fire detection: Yes No Monitored: Yes No

Is there an alarm system connected for burglary: Yes No Monitored: Yes No ULC approved Yes No

Is there a caretaker that lives on site: Yes No

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

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

Any winches or hoist on wharf/dock: Yes No If yes, advise age of hoist or winch: _____

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

Any cradles or travel lifts on wharfs/docks: Yes No If yes, advise age of cradle a/o hoist: _____

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

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

Give age of storage tanks, numbers & size, contents, construction, whether above or below ground and when last surveyed, whether

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fueling conducted ashore, on the dock by employees or boat owners

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 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: _____

LIMITS OF INSURANCE /LIMITS OF LIABILITY

COVERAGE	CO-INS%	LIMIT OF INSURANCE / LIMIT OF LIABILITY
Building(s)		
Building(s)		
Building(s)		
Furniture, Fixtures, Equipment		
Travel Hoists (provide description)		
Stock ACV (excluding property as covered under Section 2 Boat Dealers Ins.)		
Other Stock ACV: - RV's, ATV's, Ski Doo's etc.		
• Wine, Alcohol, Tobacco Products		
Property in Transit by Parcel Post		
Property in Transit Other: _____ (excluding laptops)		

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PLEASE NOTE – This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to the Underwriters during the period of insurance.

1. This Proposal Form must be typed or completed in ink and signed and dated by the Proposer. Please answer every question in full and sign and date the Declaration.
2. It is the duty of the Proposer to disclose all material facts to the Underwriters, as failure to do so may render any Policy voidable, or severely prejudice your rights in the event of a claim.
3. For the purpose of the Proposal Form and for all purposes relating to any policy issued pursuant to this Proposal Form, a ‘Material Fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Proposal Form. If you are in any doubt as what constitutes a ‘Material Fact’, you should consult your broker.
4. Should there be any material change in the answers given to the questions contained in the Proposal Form prior to the inception of the Policy, the Proposer must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or with drawn.
5. Upon acceptance of the Underwriter’s terms and conditions and payment of the premium, all information provided by the Proposer, including this Proposal Form, addenda (if applicable) and the guidance notes will be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of insurance.

Copies of the Proposal Form should be retained for your own records

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

1. Full Name of the Company: _____
2. Address of the Registered Office of the Company: _____
3. Website: _____
4. Date organized: _____
5. Incorporated under the laws of: _____ Date: _____
6. Purpose of organization and nature of operations. If available, please provide brochures/promotional literature/marketing info.

If Strata or Condominium, please confirm: # of Residential Units: _____ # of Commercial Units: _____

7. Does the organization have activities outside of Canada? Yes No

If Yes, please provide details: _____

8. a. The Company has, for the latest fully-completed financial year, no more than Gross Income of CAD 50 million and Gross Total Assets of no more than CAD 25 million. *(Please state the actual figures here)* Yes No

Gross Income CAD: \$ _____ Gross Total Assets CAD: \$ _____

- b. The Company has published reports and accounts in the two latest consecutive financial years showing, unqualified reports by independent auditors or accountants, net profit (i.e. after tax, interest, etc), and positive net worth (i.e. both balance sheets show that assets exceed liabilities), no litigation, disputes, or contingent or extraordinary liabilities, and can pay any and all of its debts as they fall due: Yes No

If No, please provide details: _____

- c. Does any Director or Officer or the Company have any knowledge of any claims or circumstances which may give rise to a claim under the policy, or of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the Proposer in respect of the legal liabilities or loss to which this Proposal Form relates: Yes No

- d. Has similar insurance been refused, voided or cancelled in the past to which the Proposal Form relates: Yes No

If Yes, please provide details: _____

- e. Insurance quotations are sought for one of the following Limits of Indemnity (CAD):

500,000 1,000,000 2,000,000 5,000,000

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(Please indicate the Limit sought, if other than as shown here, please state requested limit here: \$ _____)

9. Can the Proposer confirm that, at the date of the Declaration, Lloyd's does not provide the Company with any class of insurance: _____ Yes No

If No, please provide details:

10. Number of Employees: _____ Number of Volunteers: _____

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: _____

Checklist of Required Attachments:

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

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 ****
Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614