



**GROSS RECEIPTS DECLARATION**

<b>Nature of Work:</b>	<b>Annual Revenue – last 12 months:</b>	<b>Est. Annual Revenue - next 12 months:</b>
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): _____	\$	\$
<b>Total</b>	\$	\$

**SECTION 1 – PROPERTY INSURANCE**

<b>BUILDING INFORMATION</b>	<b>LOCATION #1</b>	<b>LOCATION #2</b>	<b>LOCATION #3</b>	<b>LOCATION #4</b>
ADDRESS				
# STORIES				
WALL CONSTRUCTION				
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
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.				

**MARINE FACILITIES PACKAGE APPLICATION  
FORM – MCCOMP #1 GENERAL INFORMATION**

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:	

**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  
 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...): \_\_\_\_\_

**MARINE FACILITIES PACKAGE APPLICATION  
FORM – MCCOMP #1 GENERAL INFORMATION**

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:**  
 Burning \_\_\_\_\_ %      Painting \_\_\_\_\_ %  
 Engine \_\_\_\_\_ %      Welding \_\_\_\_\_ %  
 Fiberglass \_\_\_\_\_ %      Boiler \_\_\_\_\_ %  
 Hull \_\_\_\_\_ %      Other \_\_\_\_\_ %  
**Types of vessels repaired:**  
 Recreational boats under 60 ft in length \_\_\_\_\_ %  
 Recreational boats over 60 ft in length \_\_\_\_\_ %  
 Commercial vessels \_\_\_\_\_ %  
 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%	\$
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%	\$
• \$1,000 any one item or set	80%	\$
• Items over \$1,000 (provide description)		\$
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%	\$
• 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%	\$

**MARINE FACILITIES PACKAGE APPLICATION  
FORM – MCOMP #1 GENERAL INFORMATION**

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 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.

**DECLARATION / CONSENT**

**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 Canada Assurance Managers Ltd. 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](mailto:newbizcommercialmarine@premiergroup.ca) \*\***

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