

MOBILE MARINE REPAIR & TRAVELLING MARINE TRADE LIABILITY INSURANCE APPLICATION

(For use where receipts do not exceed \$125,000 per annum)

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):

Office 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 management: _____ Years in business under current: _____

If less than 5 years in business, please list previous work experience: _____

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: _____

Are you involved in the automotive sales/repairs? Yes No

If yes, please explain: _____

LIABILITY INSURANCE

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:

SHIP REPAIRER'S LEGAL LIABILITY

Name, experience and certification of key personnel: _____

Describe the areas travelled to and worked in: _____

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

Are work orders used: Yes No

Do customers sign work orders: Yes No

MOBILE MARINE REPAIR & TRAVELLING MARINE TRADE LIABILITY INSURANCE APPLICATION

(For use where receipts do not exceed \$125,000 per annum)

GROSS RECEIPTS DECLARATION

Nature of Work:	Annual Revenue – last 12 months:	Est. Annual Revenue - next 12 months:
Repair Receipts	\$	\$
Hauling / Lifting (off premises)	\$	\$
Work in the USA	\$	\$
Receipts from other operations (please explain): _____	\$	\$
Receipts from other operations (please explain): _____	\$	\$
Receipts from other operations (please explain): _____	\$	\$
Total:	\$	\$

LIMITS OF INSURANCE

COVERAGE	CO-INS%	LIMIT OF INSURANCE/ LIMIT OF LIABILITY
Tool Floater - R.C. applies except as regards tools and equipment in excess of 3 years of age		
- Subject to locked vehicle warranty		
- \$1,000 any one item or set	100%	\$
- Items over \$1,000 (provide description)	100%	\$
Liability - Commercial General Liability (Any one occurrence and in the Aggregate) Including: Bodily Injury & Property Damage, Products & Completed Operations Personal Injury Liability		\$
Tenant's Legal Liability		\$
Marina Operators Legal Liability		\$
Ship Repairer's Legal Liability		\$
Limited Pollution Liability		\$

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 ****

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