

RENEWAL QUESTIONNAIRE – MARINA FACILITIES PACKAGE

Name of applicant: _____

Policy Number: _____

Additional Insured(s) (If applicable): _____

Expiry Date: _____

1. Any change in Property Limits? Yes No

If yes, please advise new limits: _____

2. Any change to Boat Dealers Insurance Limit any one vessel? Yes No

If yes, please advise new limits: _____

3. Any change to Boat Dealers Insurance Limit any one location? Yes No

If yes, please advise new limits: _____

4. Estimated receipts for the upcoming policy term split between operations:

Nature of Work	Revenues for the next 12 months
Moorage Receipts	\$ _____
Storage Receipts	\$ _____
Boat Sales Receipts – from Boat Stock	\$ _____
Boat Sales Receipts – Consignment/ Yacht Brokerage Sales	\$ _____
Boat Rentals	\$ _____
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): _____	\$ _____

5. Any work done on Commercial Vessels? Yes No

If yes, please advise: _____

- Percentage of work done on commercial boats: _____

- Type of work done on commercial boats: _____

- Type of commercial vessels worked upon: _____

6. Any changes to operations? Yes No

If yes, please describe: _____

7. Any known claims and/or losses in the last 12 months?

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.

Title of Applicant: _____ Signature: _____

Brokerage: _____ Signature: _____

Broker Contact name: _____ Broker email: _____

Broker telephone: _____ Broker fax: _____

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 - processingcommercialmarine@premiergroup.ca ****
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