HULL AND MACHINERY INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Applicant's name:

_____

2. Applicant's address:

_____

3. Nature of business:

_____

4. Policy term: _____

5. Loss payable to:

_____

6. Interest insured

Vessel's name	Insured value	Year built	G.R.T.	Classification	Length	Ship type	Machinery	Number of passengers (if applicable)

7. Area of navigation:

_____

_____

8. Period of navigation:

_____

_____

9. Use of vessel:

_____

_____

10. Vessel last surveyed:

_____

_____

11. Name of surveyor:

_____

_____

12. Surveyor's Recommendations

_____
_____
_____
_____

13. Is protection and indemnity required? ☐ Yes ☐ No
What limit? $ _____

14. Where laid-up and out of commission?

_____

15. Experience of captain and crew:

_____

16. Loss History?

_____
_____
_____

17. Is vessel currently insured? ☐ Yes ☐ No

18. Name of insurer: _____

19. Reason for change:

_____

20. Has Policy ever been cancelled or refused renewal? ☐ Yes ☐ No

21. Current premium: $ _____

22. Current terms and conditions:

_____
_____

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's signature: _____ Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.