MARINAS, BOAT DEALERS AND ASSOCIATED MARINE TRADE BUSINESS APPLICATION

INFORMATION ON THE APPLICANT

1. Applicant's name:
   _____

2. Applicant's address:
   _____

3. Phone number: _____

4. Email: _____

5. Contact name and position:
   _____

6. Website address: _____

This application form is designed to obtain information, which will enable Underwriters to offer you the widest cover and most competitive indication.

Please provide as much detail as possible including brochures, photographs or plans.
The information provided will be treated as confidential.

You must give true and full answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.

All material facts must be disclosed to Underwriters whether or not they are the subject of a specific question above. A material fact is one that a prudent Underwriter would consider likely to influence the acceptance or assessment of the proposal. Failure to disclose or misrepresentation of a material fact may result in the insurance being voided. If you are in any doubt as to whether a fact would be considered material, you should disclose it.

I declare that the particulars and answers are correct and complete in every aspect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.

Name of person completing this form: _____

Position: _____ Date: _____

Applicant's signature: _____

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

The signing of this form does not bind the proposer to complete the insurance.

DETAILS OF REQUIRED COVERAGES

1. Name of present insurer: _____

2. Number of years insured: _____

3. Current premium: _____

4. Renewal date: _____

5. Has the business, you or any of your directors/partners of your company ever been placed in any form of liquidation, declared bankruptcy or made any arrangements with creditors? **(This includes any previous company that you or any of your directors/Partners of your company have worked with.)** ☐ Yes ☐ No

6. Have you, your partner(s) / your director(s) ever been charged with or convicted of any offence involving dishonesty of any kind? ☐ Yes ☐ No
   If Yes, please provide full details:
   _____

7. Have you ever been declined insurance, or had any special terms imposed? ☐ Yes ☐ No
   If Yes, full details:
   _____
   _____

8. Please provide a full description of your company's business activities:
   _____
   _____

9. Provide details of any associated or subsidiary companies for whom cover is required:
   _____
   _____

10. Also provide a description of the subsidiary companies Business activities:
    _____
    _____

11. Names of directors, partners and other senior employees with their relevant years experience:

Name of partners/director/senior employee	Position	Years experience

12. Do you have standard trading conditions? ☐ Yes ☐ No
    If Yes, please attach a copy.

13. Do you always make your customers aware of them prior to any transaction? ☐ Yes ☐ No

14. Do you waive any rights of recourse for claims against any of your suppliers? ☐ Yes ☐ No

15. Do you/your company have any assets in any Jurisdiction governed by the USA? ☐ Yes ☐ No
If Yes, full details:

_____

_____

16. Year your company commenced business operations? _____

17. Are you registered for GST? ☐ Yes ☐ No

18. Are you or your company a member of a trade or professional association? ☐ Yes ☐ No

19. Did your company trade profitably last year? ☐ Yes ☐ No
If No, please provide a copy of your audited accounts for the last 2 years.

20. Do you anticipate that your company will trade in surplus this year? ☐ Yes ☐ No

REVENUE

1. Please advise financial or other interested parties together with their specific interest.

_____

_____

2. Annual revenue

Last financial year (CAD)	$ _____
Estimate for current financial year (CAD)	$ _____
Estimate for next financial year (CAD)	$ _____

3. Please provide current annual turnover relating to:

Berthing / Storage of craft	% _____	$ _____
Lifting / movement of craft	% _____	$ _____
Boat building	% _____	$ _____
Boat rental / hire	% _____	$ _____
Boat sales	% _____	$ _____
Fuel sales	% _____	$ _____
Brokerage	% _____	$ _____
Income from USA	% _____	$ _____
Boat repair	% _____	$ _____
Chandlery sales	% _____	$ _____
Manufacturing	% _____	$ _____
Tuition / sailing school	% _____	$ _____
Passenger carrying	% _____	$ _____
Goods in transit	% _____	$ _____
Other (please specify) _____	% _____	$ _____
Total	**100%**	$ _____

4. Are the premises occupied solely by you? ☐ Yes ☐ No
If No, give details of other occupants and their business activities:

_____

5. Do any commercial craft use your facility? ☐ Yes ☐ No
If Yes, details please:

_____

6. Type: _____

7. What proportion of your work is on commercial craft? % _____

8. Have your premises or surrounding/local area ever experienced any:
   Flooding ☐ Yes ☐ No
   Subsidence, heave, landslip or erosion ☐ Yes ☐ No
   Any severe weather / catastrophes ☐ Yes ☐ No

9. Distance and location of your nearest fire station: _____

10. What fire fighting equipment do you have at your facility? _____

SECURITY

1. Is a ULC/CSA approved alarm fitted and operational when the premises are left unattended? ☐ Yes ☐ No
   If Yes, give locations and type of alarm:
   _____

   Make of alarm and company providing the maintenance agreement (Please enclose a copy).
   _____

2. What security precautions do you take for:
   External doors _____
   Windows _____
   Roller shutters _____

3. Are any of the following installed at your premises:
   Floodlights ☐ Yes ☐ No
   Secure fencing ☐ Yes ☐ No
   24hr Manned security ☐ Yes ☐ No

4. Other security measures, if any?
   _____

CLAIMS HISTORY

It is fundamental to the assessment of your insurance that a five-year claims history is declared. This should include any circumstances or notifications, which may not have led to any payments being made. In addition, details of any settlements reached within the last five years for claims prior to five years should be included:

Date(s)	Circumstances	Amount Claimed (CAD)	Amount Paid (CAD)
		$ _____	$ _____
		$ _____	$ _____
		$ _____	$ _____
		$ _____	$ _____
		$ _____	$ _____
		$ _____	$ _____

SESTION 1 - PHYSICAL DAMAGE TO BUILDING AND CONTENTS

	Building #1	Building #2	Building #3
Location / description			
Age			
Freehold or leasehold			
Size / area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products stored in the building?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, details please			
New reinstatement value (CAD)	$ _____	$ _____	$ _____

	Building #4	Building #5	Building #6
Location / description			
Age			
Freehold or leasehold			
Size / area			
Type of construction			
Occupied as			
Details of heating used			
Are flammable products stored in the building?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, details please			
New reinstatement value (CAD)	$ _____	$ _____	$ _____

1. Please provide details of all Tenants/Sub-lessees and the nature of their activities:

_____

2. Annual rent receivable (CAD): $ _____

3. Number of months for which cover is required: _____

CONTENTS

4. Nature of your stock (CAD): $ _____

5. Do you provide retail chandlery or associated retail facilities? ☐ Yes ☐ No

6. Maximum value of stock held at any time over all locations: (CAD) $ _____

7. Maximum value of any one item of stock: (CAD) $ _____

Item	Location number	Description	Sum insured (CAD)
Machinery & plant	_____		$ _____
Furniture, fixtures & fittings	_____		$ _____
Stock	_____		$ _____
Goods held in trust	_____		$ _____
Office equipment	_____		$ _____
Computer equipment	_____		$ _____
Chandlery	_____		$ _____
Electronic equipment	_____		$ _____
Wines, spirits & cigarettes	_____		$ _____
All other contents (Excl. personal property)	_____		$ _____
Other items, please specify	_____		$ _____
Hired in plant for which you are responsible	_____		$ _____
2nd Hand items for re-sale	_____		$ _____

8. Are there any other contents that are not covered above? ☐ Yes ☐ No
If Yes, please provide details.

_____
_____
_____

9. Total sum to be insured (over all locations) (CAD): $ _____

NB: All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

** Debris removal costs and architects' fees should be included within your buildings and stock / contents sums insured.*

Item	Location number	Description	Sum insured (CAD)
Own stock of vessels	_____		$ _____

10. If stock includes any vessels, advise if any are kept afloat at any time: ☐ Yes ☐ No
If Yes, specify:

_____
_____
_____

Usual location: _____
Maximum number _____
Total value afloat (CAD): $ _____

11. Do you require cover for demonstrating stock vessels? ☐ Yes ☐ No

12. Do you require cover for any stock at exhibitions? ☐ Yes ☐ No
If Yes, specify which exhibitions and value of stock:

_____

GOODS IN TRANSIT INSURANCE

13. Description of goods:

_____

14. Usual method of transit:

_____

15. Canadian destination(s):

_____

16. Total annual value of Canadian sendings last year (CAD): $ _____

17. Estimate of total value of Canadian sendings for this policy year (CAD): $ _____

18. Estimate the maximum value any one sending (CAD): $ _____

19. Do you use one regular professional freight forwarder/hauler? ☐ Yes ☐ No

20. Do you deliver goods using your own vehicle(s)? ☐ Yes ☐ No

21. Overseas countries - please indicate whether imports or exports:

_____

22. Total annual value of shipments last year (CAD): $ _____

23. Estimate of total value of shipments for this policy year (CAD): $ _____

24. Maximum value any one shipment (CAD): $ _____

SECTION 2 - PHYSICAL DAMAGE TO MARINE STRUCTURES

1. Please give full description and provide sketch plan:

_____

Age: _____
Total length: _____
Number of sections: _____

2. What is the construction type i.e. Wood, Metal Frame or concrete?

_____

	Number	Valeur (CAD)
Covered slips	_____	$ _____
Open Slips	_____	$ _____

3. What services do you supply?

_____

4. Supplier / Manufacturer?

_____

5. Do you have covered slips, dock, pontoons or boat houses ashore or afloat? ☐ Yes ☐ No
If Yes, please provide on a separate sheet, full details of these structures including size, capacity, age, construction and re-building value including debris removal costs.
If you have a report / valuation which has been prepared during the past 3 years a copy of his should be attached.

6. How are the pontoons secured to the seabed?
_____

Number of piles? _____

7. How are the pontoons secured to the seabed? ☐ Yes ☐ No
Minimum depth of water: _____
Maximum depth of water: _____

8. What is the largest size and type of vessel that can be berthed? _____

9. What are your budgeted annual maintenance costs? $ _____

10. What is the reinstatement value of your marine structures including installation costs and services provided? $ _____

SECTION 3 - THIRD PARTY LIABILITY

1. Limit of Indemnity you require in respect of your Third Party Liabilities, select:
☐ $ 1,000,000 ☐ $ 2,000,000 ☐ $ 5,000,000
☐ Specify other: _____

2. Type and number of berths:
Pontoons: _____
Swing moorings: _____
Other: _____

3. Do you restrict access to berth holders only? ☐ Yes ☐ No

4. Maximum length of any vessel that can berth at your facility: _____

5. Are there facilities for lifting vessels out of the water? ☐ Yes ☐ No
If Yes, complete section physical damage to handling equipment.

6. Do you sub-contract the lifting facilities? ☐ Yes ☐ No
If Yes, to whom?
_____
Maximum number of vessels that you can store on land _____

7. Do you sell diesel, gas or other fuels? ☐ Yes ☐ No
Age of the tanks: _____
Is there a separate “cut-off” valve between the tank and pumps? ☐ Yes ☐ No

8. Distance from the nearest building, mooring or other pontoon _____

9. Do you winterise craft for winter storage? ☐ Yes ☐ No
If Yes, please give details

_____
_____

10. Types of repair work you carry out:

_____

11. Materials used, tick as applicable:
☐ GRP ☐ Wodd ☐ Steel ☐ Aluminium

12. Maximum hull size/type/largest vessel you will carry out repairs on:

_____
_____

13. Do you carry out work in respect of Osmosis treatments? ☐ Yes ☐ No

14. Do you carry out work away from your premises? ☐ Yes ☐ No
If Yes, please give details of work undertaken:

_____
_____

15. Do you use welding or flame cutting equipment, blow lamps or blow torches in such work away from your premises. ☐ Yes ☐ No
If Yes, please provide estimated wage roll of those involved. (CAD) $ _____

16. Do you work overseas? ☐ Yes ☐ No
If Yes, which countries?

_____

17. Do you require cover in respect of products liability? ☐ Yes ☐ No
If Yes, limit of indemnity required (CAD) $ _____
Please give details of products to be covered:

_____
_____

18. Do you require waterborne liabilities? ☐ Yes ☐ No
If Yes, limit of indemnity required (CAD): $_____
Please give details of waterborne activities to be covered.

_____
_____

SECTION 4 - BUSINESS INTERUPTION COVER

1. Please note that some Indications will only be offered cover following restricted perils under specific sections.

Gross annual turnover from your business activities as declared under part A (CAD): $ _____
Estimated gross profit for your current year (CAD): $ _____
Increased cost of working (CAD): $ _____
Maximum indemnity period (CAD): $ _____month

2. If specified Suppliers/Customers Extensions are required please complete the following:

Suppliers / customers name	Address	Limit (CAD)
		$ _____
		$ _____
		$ _____
		$ _____
		$ _____

3. Do you employ a professional accountant? ☐ Yes ☐ No
If Yes, please provide name and address:

_____

_____

SECTION 5 - PHYSICAL DAMAGE TO HANDING EQUIPMENT

1. Please provide details of all handling equipment at all locations, even if accidental damage cover for the item is not required:

Item	Age	Last mandatory inspection date	Lifting capacity	Current value (CAN)	Is accidental damage required?
				$ _____	
				$ _____	
				$ _____	
				$ _____	
				$ _____	
				$ _____	
				$ _____	
				$ _____	
				$ _____	

NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

** Please note*: *Statutory inspection requirements and machinery breakdown covers are not included within our contract. Arrangements should be made through your insurance advisor.*

SECTION 6 - VESSELS UNDER CONSTRUCTION

PRODUCTION BOAT BUILDERS

Please attach brochures and/or details of craft built.

Type of vessels, hull construction, speed and values of the vessels you build: not applicable.

1. Do you have experience in building this type of vessel(s)? ☐ Yes ☐ No
If Yes, how many years? _____

2. Who designed the vessel?

_____

3. Number of vessels you have built:
In the last three years _____
In the last year _____

4. What has been your average annual income from the sale of these vessels? (CAD) $ _____

5. Have you built any prototype / custom vessels in the last five years? ☐ Yes ☐ No
If Yes, please attach details.
_____

6. Number of vessels you have sold to buyers resident in USA within the last five years? _____

7. What is the highest completed value of any one vessel (CAD)? $ _____

8. What is the maximum number of vessels you will have under construction at any one time? _____

9. What is the maximum value of all vessels under construction at any one time (CAD)? $ _____

10. Do you carry out work away from your workshop/boatyard? ☐ Yes ☐ No

11. Do you work overseas? ☐ Yes ☐ No
If Yes, specify countries.
_____

12. Is cover required for demonstrations or trials or tests? ☐ Yes ☐ No

INDIVIDUAL BUILDS

Full description of vessel including type, hull construction, length, engines: not applicable.

13. Do you have experience in building this type of vessel(s)? ☐ Yes ☐ No
If Yes, how many years? _____

14. Who designed the vessel?
_____

15. Completed value (CAD): $ _____
Value(s) at specific intervals _____

16. Where is the vessel being built? _____

17. Is construction under cover? ☐ Yes ☐ No
Expected completion date: _____

SECTION 7 - VESSELS

Complete this section if the vessel(s) is/are considered part of and/or ancillary to your business. If more than one vessel is to be insured, please take additional copies of this section and attach to this application.

Name and type of vessel: not applicable

1. Class or manufacturer's title:

_____

2. Please tick applicable:

☐ Sail
☐ Monohull
☐ Multihull
☐ Power

Date of purchase: _____ Purchase price: (CAD) $ _____

Current market value of the vessel: _____

3. Please complete the following table if the value includes; trailer, outboard or additional equipment.

	Trailer	**Outboard**	**Additional equipment**
Value			
Make / model			
Serial number			

4. Is the trailer fitted with a wheel clamp when left unattended? ☐ Yes ☐ No
If No, please detail other forms of security?

_____

Hull construction material _____
Year built _____
Length _____
Beam _____
Draft _____
Engine make & model _____
Engine HP _____
Fuel type _____

5. Maximum designed speed of the vessel: _____
If over 17 knots, please complete
☐ Inboard ☐ Outboard
☐ Stern drive ☐ Propulsion par hydrojet | Jet
Is the outboard fitted with an anti-theft device? ☐ Yes ☐ No
Is the boat used for towing water-skiers or similar activities? ☐ Yes ☐ No
Use:
☐ Private pleasure only
☐ Skipper charter
☐ Bareboat charter
☐ Commercial

6. If commercial work and / or charter work is undertaken please provide full details:

_____

7. If passenger vessels please gives licence details:

_____

Cruising range required _____

8. If moored afloat - where? _____
Mooring type:
☐ Swing ☐ Piles ☐ Marina
☐ Anchor ☐ Fore & aft ☐ Jetty

9. When was the mooring last surveyed? _____
By whom _____

10. Is the vessel used for racing? ☐ Yes ☐ No
If Yes, please give full details:
_____
_____

11. Date of last out of water survey: _____
If the last survey is within the last 3 years, a copy should be attached.
A survey report will normally be required for vessels over 15 years of age.

Please provide any additional information:

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.

I hereby declare that the particulars and answers given in this application are in every respect true and correct and that I have not withheld any information, which could influence the decision of the company in regard to their acceptance.

Applicant's signature: _____

Date: _____

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