

COMMERCIAL HULL & MACHINERY INSURANCE

APPLICATION

IMPORTANT NOTES :

The questions contained in this Application are designed to give the Insurance Company sufficient information regarding your business to offer to you an insurance quotation. It cannot always cover every aspect and it is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions.

If you have insufficient space to answer any questions, please attach a separate sheet.

If you require assistance in completing this Application, Treacy Insurance Brokers Ltd will be pleased to assist you.

All questions must be answered, if not applicable then write or type n/a.

This Application must be signed and dated by an Officer, Partner or Owner of the company applying for the coverage.

Please provide a copy of :

- Your Corporate Brochure;*
- Survey Reports*
- Passenger Ticket or boarding pass (front and back)*
- Any other documents or contracts addressing, increasing or extending your liability and/or damages in the event of a claim and/or lawsuit.*

Information contained in this Application will be used to obtain insurance quotations on your behalf. It will be released to Insurance Companies and/or other insurance intermediaries such as insurance agents, insurance brokers or Managing General Agents for the purpose of obtaining on your behalf insurance quotations or to other parties as may be required by law.

Treacy Insurance Brokers Ltd confirms that it will maintain the confidentiality of this information while also complying with its obligations under the B.C. Personal Information Protection Act ("PIPA"). For our full Privacy Statement, please refer to our website : treacyinsurance.com

By signing this Application you give Treacy Insurance Brokers Ltd permission to release this Application and the information contained herein to the foregoing mentioned parties at this time and at any time in the future unless we receive specific written notification from you not to do so.

1. NAME OF VESSEL :

TYPE OF VESSEL :

2. NAMES OF ALL OWNERS :

3. ADDRESS :

4. PURCHASE PRICE(include any license value): \$
ESTIMATED MARKET VALUE: \$
REPLACEMENT VALUE: \$

AMOUNT OF MORTGAGE: \$
NAME OF MORTGAGEE:
ADDRESS OF MORTGAGEE:

5. IS AN ASSIGNMENT TO BE ISSUED: YES NO

6. IS THE VESSEL OWNER OPERATED: YES NO

7. IS THE MASTER LICENSED: YES NO

MASTERS EXPERIENCE: Total # years
years in B.C. waters
Masters Ticket #

CHIEF ENGINEES EXPERIENCE: Total # years
years in B.C.waters
Engineers Ticket #

TOTAL NUMBER OF CREW(ex master and chief engineer):

8. IS THE VESSEL SUBJECT TO STEAMSHIP INSPECTION:

YES NO

14. ARE FLYWHEELS & WINCHES PROTECTED WITH A GUARD:

YES NO

15. SAFETY SYSTEMS ABOARD:

a. BILGE ALARM : YES NO

OPERATING ? YES NO

b. OIL PRESSURE YES NO

OPERATING ? YES NO

c. FIRE ALARM YES NO

OPERATING YES NO

d. DESCRIBE FIRE FIGHTING EQUIPMENT:

e. DATE EXTINGUISHERS LAST TAGGED:

TYPE AND # OF AUXILLIARIES:

f. LIST ALL NAVIGATION EQUIPMENT and identify which is leased and from whom:

g. LIST ALL COMMUNICATIONS EQUIPMENT and identify which is leased and from whom:

**h. # OF LIFERAFTS OR DORIES:
MEN CAPACITY:**

**DATE LAST CHECKED:
OF LIFE RINGS: # OF LIFE JACKETS:**

i. IS ALL OF YOUR EQUIPMENT D.O.T. APPROVED: YES NO

16. IF VESSEL IS OVER ONE YEAR OLD, DESCRIBE MAJOR REPAIRS, IMPROVEMENTS, OVERHAUL OR REBUILDING:

17. LOSS RECORD - LAST FIVE YEARS .

List ALL hull and liability claims.

<u>Hull or Liability</u>	<u>Vessel</u>	<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Deductible</u>	<u>Amount of Loss</u>
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18. ARE YOU CURRENTLY INSURED: YES NO

If YES, NAME OF INSURANCE COMPANY -

**HULL
LIABILITY**

**EXPIRY DATE:
EXPIRY DATE:**

HULL AMOUNT: \$

HULL DEDUCTIBLE: \$

LIABILITY AMOUNT: \$

LIAB DEDUCTIBLE \$

19. INSURANCE COVERAGE : Check those that you require a quotation for :

**(I) HULL AND MACHINERY: AMOUNT \$
EFFECTIVE DATE:**

**(II) FIRE AND TOTAL LOSS ONLY: AMOUNT \$
EFFECTIVE DATE:**

**(III) LIABILITY(Protection and Indemnity) AMOUNT \$
EFFECTIVE DATE:**

20. HAVE YOU EVER HAD INSURANCE DECLINED OR CANCELLED BY AN INSURANCE COMPANY, INSURANCE UNDERWRITING AGENT OR LLOYDS OF LONDON : YES NO

If YES, please explain:

21. SIGNATURE :

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any event or occurrence taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein **WILL BE IMMEDIATELY REPORTED IN WRITING TO THE INSURER.** The undersigned acknowledges and agrees that the submission and accuracy of the information on this application and the Insurers receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage. **The signing of this application does not bind the undersigned to purchase insurance nor does review by the Insurance Company to issue a policy and the Insurance Company reserves its right to offer limits, deductibles or franchises other than those shown herein. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it shall become part of said policy.**

Signature :

Position :

Printed :

Date :

13. INSURANCE BROKER

TREACY INSURANCE BROKERS LTD

Suite 212 - 2571 Shaughnessy Street,
Port Coquitlam, B.C.
V3C 3G3

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Website : www.treacyinsurance.com

We thank you for this opportunity to be of service to you.