

COMMERCIAL MARINE

**HULL & MACHINERY AND
PROTECTION & INDEMNITY RISKS**

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. **All questions must be answered. If the question is not applicable, then write or type n/a.**

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.

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 :

- **Condition and Valuation Survey Reports** (which must have been completed within the past 12 to 24 months with ALL recommendations complied with and signed off by the surveyor. If the surveyors recommendations have not been complied with, then please advise the time schedule to have any outstanding work completed
- Your Corporate Brochure;

If Applicable, please provide a copy of the following :

- Sample Bill of Lading (front and back)
- Passenger Ticket (front and back)
- Charter Party (legible copy)
- Other Standard Trading Terms or Terms & Conditions of Service (legible copy)
- Any other documents or contracts addressing, increasing or extending your liability and/or damages in the event of a claim and/or lawsuit (legible copy/copies).

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").

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.

SECTION I - Insurance Broker / Agent :

Name of Broker/Agent:

Treacy Insurance Brokers Ltd
212 – 2571 Shaughnessy St
Port Coquitlam, BC V3C 3G3

Telephone : 604.945.5747
Fax: 604.945.4204
Email : mark.wilson@treacyinsurance.com
Website: www.treacyinsurance.com

SECTION II -Applicant's Details

1. Full Legal Name - Principal(s) and/or Owners and/or Operators :

2. Address :

3. Telephone :

4. Fax :

5. Email :

6. Website :

7. Number of years Applicant has operated vessels :

8. For how long has the Applicant's company been trading :

9. List all the previously owned and/or associated and/or affiliated maritime related companies that Applicant has been involved in :

10. Please provide full details of the nature and extent of the Applicant's operation, including those of any subsidiary and/or affiliated company that the Applicant is associated with :

SECTION III - Vessel Details. If additional vessels please attach separate sheets:

1. Vessel Name :
2. Is the vessel owned by the Applicant? :
If yes please provide details :
3. Type of vessel :
4. Values :
 - a. Purchase Price :
 - b. Estimated Market Value :
 - c. Replacement Value :
 - d. Amount of Mortgage :
 - e. Address of Mortgage :
5. Is and assignment to be issued? :
6. Is the vessel owner operated? :
7. Is the Master licensed? :
 - a. Total # of Years :
 - b. # of Years In B.C. :
 - c. Master Ticket # :
 - d. Total # of Years :
8. Chief Engineer experience :
 - a. Total # of Years :
 - b. #of Years In B.C. :
 - c. Engineer's Ticket # :
9. Is the vessel subject to steamship inspections :
10. When was the last condition and valuation survey completed ?:
Please attach a copy
11. Area of navigation :
12. Describe operation the vessel will be engaging in :
13. Will the vessel be operated year round? :
If no please detail periods / location where vessel will be laid-up

14. Vessel Description :

- a. Construction :
- b. Year Built :
- c. Where Built :
- d. Length :
- e. Width :
- f. Draft :
- g. Tonnage :
- h. Gross :
- i. Net :
- j. DWT :
- k. Engine Manufacturer :
- l. H.P. :
- m. Fuel Type :
- n. Fuel Capacity :
- o. # of Water Tight Compartments :
- p. # of Cargo Holds :
- q. Description of Cargo Carried :
- r. Masts (wood, steel, aluminum)

15. Are the flywheels & Winches Protected by Guard?

16. Safety Systems :

- a. Bilge Alarm :
- b. Oil Pressure :
- c. Fire Alarm :
- d. Description of Fire Fighting Equipment :

Date of Last Inspection :

17. List of All Navigation Equipment :

- 1.
- 2.
- 3.
- 4.

18. Life Rafts :

- a. # Onboard :
- b. # of Men Capacity :
- b. D.O.T Approved? :

19. Life Rings :

- a. # Onboard :
- b. # of Men Capacity :
- b. D.O.T Approved? :

SECTION IV - Vessel Manning details :

20. Does Applicant require cover for Crew? :
21. Total number of staff employed by Applicant :
22. Total number of seagoing/crew employed :
23. Nationality and number of crew :
 - a. Officers :
 - b. Ratings :
24. Maximum crew working on board at any one time :
25. Does Applicant provide crew with Personal Accident Insurance Policy / Health Care Plan ?:
26. If Crew is employed via a Manning Agent, please provide details :

27. Outline details of crew selection/pre-employment procedure including pre-Employment medical checks (including where, Clinic, what tests) :

28. Please provide a copy of your standard Crew Contract or give detail of any and all liabilities arising under crew contracts in respect of illness or injury for which the Applicant requires coverage :
29. Number of employees on board, other than Crew specified herein :
30. Why are these other employees onboard the Applicants vessels ?

SECTION V - Third Parties on Board :

31. Please provide details of all non-employees living on or working from the scheduled vessels :
32. Describe the circumstances under which these personnel are on board the Applicant's vessels :
33. Are these personnel living / working there as part of work under a contract?

SECTION VI – Cargo

34. Does the Applicant require cover for Liability to Cargo? :
35. Where will the vessel trade?
36. Specify cargo carried :
37. Will the vessel carry containers and/or reefers? :
38. Specify max value per shipment :
39. Please Provide details of Standard Contract of Carriage or copy Bill of Lading
40. Specify limit of liability required under the P&I insurance policy :

SECTION VII - Current Policies:

- 41. Has the Applicant and/or affiliated companies ever been denied coverage or been subject to policy cancellation by Underwriters ? :
- 42. Name of present insurer :
- 43. Date current policy expires :
- 44. Hull & Machinery Limits :
Limits you require :
- 45. Protection and Indemnity Limits :
Limits you require :
- 46. Current Premium :
- 47. Current Deductibles :
- 48. Advise any specific exclusions :

This vessel detail schedule should be copied and completed for each vessel owned and/or operated by the Applicant. Any additional vessels that may be attached during the year should be submitted in the same format.

SECTION VIII – General

- 49. Please give details of all contractual obligations the Applicant might incur as they relate to this requested insurance:
- 50. Have the Applicant's operations been subject to ISM Code independent safety audit and does it comply with ISPS Code? :
- 51. Has the vessel(s) named in this Application been subject to a P&I Condition Survey within the last 12 months? :
- 52. Please give details of any change of Class over the past 3 years :

SECTION IX - Loss Information

Please list all known incidents, potentially involving P&I, for the previous **FIVE years** whether or not P&I cover was in force at the time.

The list must include :

- ALL previous Closed Claims, including those Closed without payment,
- ALL incidents whether an 'estimate of loss' has been set or not and
- ALL other Claims where an estimate has been set and/or payments made.

ALL figures should contain Legal Fees and Expenses.

Specify the date at which the claim reserve and/or last review took place.

The above information must be reported for **ALL** vessels operated by the Insured and/or Affiliated Companies for the previous FIVE years, whether or not the vessels appear on the attached schedule and displayed in the format set out below.

A . Hull and Machinery

Type of Claim	Date	Vessel	Loss Details	Paid Amount	Reserve Amount

B. Protection and Indemnity

YEAR :		NAME OF INSURED
No of Vessels <u>operated this year</u>		
No. of <u>Crew this year</u>		
Vessel utilization rate (%)		

Type of Claim	Date	Vessel	Loss Details	Paid Amount	Reserve Amount

SECTION X. POLICY TERM

Policy term required (if cover granted by the Insurer and accepted by the Applicant) :

12 months @

SECTION X1. 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 and warrants that at the date of signing this Application, all information and 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 or information made herein WILL BE IMMEDIATELY REPORTED IN WRITING TO THE INSURER.

The undersigned acknowledges and agrees that the submission and accuracy of the statements and 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 Insurer to issue a policy and the Insurer reserves its right to offer limits, terms or deductibles other than those shown herein.

If the Insurance Company binds this insurance, it is understood and agreed by the Applicant that :

- a. any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and no claims will be paid;
- b. that the Applicant is under continuing obligation to immediately notify the Insurer of any material alteration to the nature, extent or size of his/her operation as described 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 :