

First Capital Place, Unit #103, 960 Quayside Dr., New Westminster, B.C. V3M 6G2

APPLICATION FOR BOAT DEALERS

BROKER INFORMATION							
Brokerage and Branch:					Contact Name:		
Tel:					Email:		
1. GENERAL APPLICANTS INFORMAT	TION						
Applicant Name:					Email:		
Mailing Address:					Applicant Website:		
Years in business:					Years under curren	t	
Describe additional related experience	2:						
2. GENERAL OPERATING INFORMATI	ION						
Maximum total values at risk per location (any month):		Average total values at risk per location (any month):			Maximum value any one vessel:		
a.		a.					
b.		b.			Average value per vessel:		
C.		c.			per vesser.		
Percentage of vessels which are consignment sales: (%)		Do you have a sales agreement for consignment sales? If Yes, attach a copy.			Yes	No	
Describe types of vessels sold (i.e. sail, cruiser, PWC, runabout, etc.):							
1.		New Boats Sold: ((%)				
2.					Used Boats Sold:	(%)	
3.							
4.							
Annual Gross Revenues from sales of boats and boat packages:							
Does applicant participate in any boat shows:		Yes	No	How many boat shows per year?			
Where are these boat shows locate (state specific boat shows)	ed?						
Do you provide boat demonstrations for purposes of sale?		Yes	No		Number of demos per year on average: (per sales location)		
Where are demonstrations conduct (state specific bodies of water)	cted?						
Do you require insurance for deliveries vessels to customers?	s of	Yes	No				
Describe delivery method: (i.e. truck, trailer etc.)		Describe delivery area: (i.e. within 100kms, etc.)					
Any deliveries via water?		Yes	No				
If Yes, give full details:							

www.hmumarine.com Page **1** of **4**

Applicant's Name:



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3. PRIOR INSURANCE and CLAIMS HISTORY				
Prior Insurance Company:				
Policy Number:			Expiry Date:	
Has insurance coverage ever been cancelled, declined or refused?	Yes	No	'	
If yes, fully explain:				
Describe all claims in the past 5 years including dates, amounts paid:				
Have you been involved in any major losses at any time?	Yes	No		
If Yes, provide full details:				
4. INSURANCE COVERAGE REQUESTED				
Section A: Hull and Machinery				
Maximum Value Any one Vessel:				
Maximum Values any One Location, accident or occurrence:				
Section B: Protection and Indemnity				
Limit, any one accident or occurrence:				

SUPPLEMENTARY BUILDING APPLICATION TO BE FILLED IN ON THE NEXT PAGE

www.hmumarine.com Page **2** of **4**



Applicant's Name:

Date:

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SUPPLEMENTARY BUILDING APPLICATION								
Risk Location Address to be insured: a. b. c.	PER LOCATION 1	IO BE INSUREL)	Owned Rented				
General a. b. c. Square Feet: Year Built: Number of stories: Sprinklers:	Construction Fire resistive N.S.F.R. Incombustible Brick / Veneer Brick / Masonry Frame Other:	Location a. b. c.	Roof Decking Steel Concrete Mill Patent / Wood Joist	Location a. b. c.				
Roof Covering Patent Wood Shingles Metal Tar Paper Other:	Grade Floor Concrete	Location a. b. c.	Chimney Brick/Masonry from ground Listed pre-fab metal Other:	Location a. b. c.				
Exposures (i.e. Neighboring Occupants): a. b. c.	Electrical Fuses – Type: Circuit Breakers	Location a. b. c.	Wiring Conduit Romex B.X. Other:	Location a. b. c.				
Heating Location a. b. c. Electric Forced air Steam Hot water Woodstove (attach latest inspection report) Other:	Internal Security Local alarm Monitored alarm Motion Detection On Premises: Vault Safe	Location a. b. c.	External Security Area fenced & Locked gate Watchmen services 24 Hour Watchmen Night Watchmen Floodlights Guard dogs Other:	Location a. b. c.				
Other Security Bars on windows Steel door Deadbolts: Other: Location a. b. c.	External Fire Protection (each location): Nearest fire hydrant: (m) Nearest fire hall: (km) Voluntary fire hall: Paid fire hall:	a.	Location b. c.					

CONSENT AND DISCLOSURE: Where (a) an applicant for this contract gives false particulars to the prejudice of the Insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured makes a false statement in respect of a claim will become invalid and the Insured's right to recovery is forfeited. 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. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information for the purposes of communication with me, assessing my application for insurance and underwriting my 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.

Applicant's signature:

www.hmumarine.com Page **3** of **42**

First Capital Place, Unit #103, 960 Quayside Dr., New Westminster, B.C. V3M 6G2

DATA COLLECTION STATEMENT

How We Use Your Personal Information

By signing this form you consent to us processing your personal data, including sensitive personal data, personal information, and personal health information as defined in applicable regulations and legislation including the Canadian Personal Information Protection and Electronic Documents Act (PIPEDA) and the British Columbia Personal Information Protection Act (PIPA).

Personal Information is information, in any form (oral, electronic or written) about an identifiable individual, including but not limited to:

- name, address and telephone number
- age, family and marital status
- driving record
- · previous insurance and claims experience
- medical and health information
- employment information
- · banking information, credit rating, payment records

We use this information, any additional information we subsequently collect from you or others in connection with our insurance policies including from your insurance broker, surveyors, loss adjusters, and other third parties as well as information from other transactions with us and our affiliates to:

- i. Assess your suitability for an insurance policy;
- ii. Provide you with insurance cover;
- iii. Issue statutory notices, circulars and corporate data;
- iv. Renew or amend your insurance policy;
- v. Review, investigate and respond to any claim(s) you may make;
- vi. Assess future proposals for insurance
- vii. Review previous proposal information to assess future risk of loss;
- viii. Make payments in respect of claims under your policy accepted by us;
- ix. Communicate with you, including by email, about our company and our products; and
- x. Comply with our legal obligations.

Failure to provide this information may affect your ability to enter into, or claim under, an insurance policy with us.

To enable us to pay claims that we have accepted, we may need to collect bank details from you. From time to time we may retain these details securely to enable us to process future claim payments. If you would prefer us not to retain this information, let us know.

Disclosure of Your Personal Information

By signing this form you agree that we may disclose personal data we have collected, or may collect, from you to:

- Other (re)insurers;
- ii. Organisations within Harlock Murray Underwriting Limited's group (including group entities outside Canada);
- iii. Surveyors, loss adjusters and other investigators;
- iv. Professional advisors, and other experts
- v. Financial and/or regulatory institutions;
- vi. Organisations that provide services to us in relation to our products including processing policies and claims; and
- vii. Law enforcement agencies.

Your personal information may be used, processed, stored or accessed outside of Canada. We will take all reasonable steps to ensure your personal information is secured in compliance with all applicable data protection legislation. Personal information stored or accessed in other countries is subject to the laws of and may be disclosed in response to demands or requests from government authorities, courts or law enforcement in those countries.

Third Party Information

By signing this form you confirm that you have obtained all relevant consents from all individuals whose data you disclose in this form (including but not limited to crew, skippers, employees and Owner's).

If you require any further information about our data protection policy, have questions about the processing of your personal data, or wish to access or request corrections to your personal data contact our privacy officer (Martin Coull, Assistant General Manager; phone: 604-806-0880; mcoull@hmumarine.com).

www.hmumarine.com Page 4 of 4