



Harlock Murray Underwriting Ltd.

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

APPLICATION FOR MARINE GENERAL LIABILITY (for Marinas)

BROKER INFORMATION			
Brokerage and Branch:		Contact Name:	
Tel:		Email:	

1. GENERAL APPLICANTS INFORMATION

Applicant's Name:			
Mailing Address:			
Email:		Web page:	
Company Structure: If other than above , describe:	Individual	Corporation	Partnership Joint Venture
Years in business:		Years under current management:	
Describe additional related experience :			
Any past bankruptcy filings: If Yes , describe:	Yes	No	

2. GENERAL OPERATING INFORMATION

Marina Risk Address:			
Usual Operating Season:	Open All Year	Closed Winter Months	
Are the docks removed during winter?	Yes	No	
If Yes , describe winter storage arrangements including details of any tows involved:			
Year docks built:	Construction:	Number of slips:	Number of fingers:
Fully describe anchorage / mooring / pilings system of docks:			
Maintenance schedule:			
Describe upgrades to the dock in the past 5 years:			
Date of last condition and valuation survey:		Attach a copy for review	All recommendations fully completed? Yes No
Average value of vessels moored:		Maximum total values moored at marina at any time:	
Usual types of vessels moored:	Pleasure craft	Tug, Barge	Fish Boats Other (describe):
Annual Gross Revenues for the past 3 years:		Estimated Gross Revenues for the upcoming year:	
Year:	Gross Revenues:		
Year:	Gross Revenues:		
Year:	Gross Revenues:		



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Gross Revenue split (%) for type of repairs or operations:	Moorage:	%	Marine Fuel Sales:	%	Haul/Launch:	%
	Repairs*:	%	Chandlery Sales:	%	Boat Sales*:	%
	Boat Rentals*:	%	Café:	%	Offseason Storage:	%
	Liquor Sales:	%	Membership Fees:	%	Pump out Station	%

*If any of these operations apply complete the Ship Repair, Boat Dealer and / or Boat Rental Applications where applicable.

Describe other work not listed above, with percent (%) of Gross Revenues :

3. EMPLOYEE INFORMATION

Number of full time employees:		Number of part time employees:		Are employees covered by WCB?	Yes	No
Are foreign workers ever hired? If Yes , where are these foreign workers domiciled?	Yes	No				
Any professionals on staff?	Yes	No	Describe their duties:			
Is any work sub-contracted? If Yes , fully describe type of work sub-contracted: If Yes , describe how sub-contractors are vetted:	Yes	No	Percent (%) of work sub-contracted:	%		
Are sub-contractors required to carry own CGL?	Yes	No	Is proof obtained?	Yes	No	

4. LIFTING – complete this section for all devices capable of lifting vessels

Describe the lift devices available for use	Number of	Certified Capacity	Age	Date last Inspected

5. PREMISE or YARD INFORMATION

Are there any buildings at this location(s)?	Yes	No			
<p><i>*If Yes, submit a Supplementary Building Application.</i></p> <p><i>*If No, the below questions regarding yard or premise can be answered in lieu of the building application.</i></p>					
Select all fire protection measures in place for marina:	Voluntary Fire Hall	Paid Fire hall	Hydrant within 500m		
	Sprinklers	Stand pipe and hose	Smoke alarms		
Number of fire Extinguishers:					
Select the security measures in place at marina:	Locked Compound	Fully fenced, gated & locked entry	24 hour security		
	Central Alarm	Floodlights	Local Alarm		
	Monitored Alarm	Guard Dogs			
Describe other businesses sharing the same dock, site or premise:					
List the businesses where the applicant is the landlord:					



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Does the applicant obtain proof of liability insurance from each tenant?	Yes	No	Is the applicant added as an additional insured?	Yes	No
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6. RISK MANAGEMENT and SAFETY INFORMATION

Type of moorage offered:	Transient	Annual Moorage	Both
Is a moorage agreement, containing a hold harmless in the marina's favor, in use?	Yes	No	<i>If Yes, attach a copy of the agreement</i>
Are "Use at your own risk" signs posted on the docks?	Yes	No	Describe wording used on signage:

7. AUTOMOBILE INFORMATION – complete this section if non-owned automobile liability insurance is requested

Number of employees using their vehicles for work?	Number of times per year automobiles rented?
State the mandatory insurance required if applicable:	
Describe any other non-owned automobile exposures:	

8. ENVIRONMENT INFORMATION

Are fueling services provided?	Yes	No	Type of Fuel:		Date of latest official inspection:	
Age of tank:			Type of tank:	Single Walled tank	Double Walled tank	
Where is the tank located?:	Tank on Docks	Tank on Shore				
Where is the tank placed?:	Above Ground	Below Ground	If placed below ground, advise the latest inspection date:			
Who fuels the boat(s)?:	Qualified employees Fuel Boats			Owners Fuel Own Boat		
Do operations involved storing, treating, disposing or transporting waste materials?	Yes	No	If Yes, are EPA certified companies used in connection with this work?		Yes	No
Describe any spills or release of pollutants from any locations owned or operated by applicant:						
Fully describe spill response procedures in place:						



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9. PRIOR INSURANCE and CLAIMS HISTORY

Prior Insurance Company:		Policy Number:		Expiry Date:	
Has insurance coverage ever been cancelled, declined or refused? If Yes, explain:	Yes	No			
Describe all claims in the past 5 years including dates, amounts paid:					
Have you been involved in any major losses at any time? If Yes, provide full details:	Yes	No			

10. INSURANCE COVERAGE REQUESTED

	Limit of Liability	Deductible
Bodily Injury and Property Damage:		
Products and Completed Operations:		
Tenant's Legal Liability:		
Personal Injury:		
Advertising Injury:		
Employee Benefits:		
Medical Payments and First Aid:		
Non-Owned Watercraft (Marina Operators):		
Sudden and Accidental Pollution – Time Element:		
Other, describe:		

APPLICANT'S SIGNATURE	
	Dated:

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.



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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:

- i. 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@hmmarine.com).