

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

APPLICATION FOR MARINA OPERATORS LIABILITY

BROKER INFOR	MATIO	N											
Brokerage and Branch:							Contact Name:						
Tel:						Er	nail:						
1. GENERAL APPL	.ICANTS	INFORMATIO	ON										
Applicant's Nan	ne:												
Mailing Address	s:												
Email:						We	Web page:						
Company Structure: If other than above, describe:			Individual			Corp	Corporation Partnersh			nip Joint Venture			
Years in business:		Years under current management:											
Describe additional related experience:													
Any past bankruptcy filings: If Yes , describe:			Yes			No							
2. GENERAL OPER	RATING I	NFORMATIC	ON										
Marina Risk Ad	dress:												
Usual Operating Season:			Open All Year Closed Winter Months										
Are the docks r					Yes	No							
If Yes , describe winter storage a including details of any tows inv			ents										
Year docks built:		Construction:			Number of slips:		of slips:	Number of fingers:					
Fully describe anchorage / mooring / pilings system of docks:													
Maintenance so													
Describe upgrad		ne dock in											
Date of last condition and valuation survey:		Attach a copy			copy for re	for review All recommer completed?		mendations fud?	fully			No	
Average value of vessels moored:							ximum total values moored narina at any time:						
Usual types of vessels moored:					Fish Boa	·							
Annual Gross Revenues for the past		3 years:				Estimated Gross Revenues for							
Year:			Gross Revenues:				the upcoming year:						
Year:			Gross Re	evenues:									
Year:			Gross Revenues:										

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Gross Revenue split (%) Moorage: Marine Fuel Sales: Haul/Launch: % for type of repairs or operations: 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 Number of part time Are employees covered by WCB? Yes No employees: employees: Yes No Are foreign workers ever hired? If Yes, where are these foreign workers domiciled? Describe their duties: Any professionals on staff? Yes No % Is any work sub-contracted? Yes Nο Percent (%) of work sub-contracted: If Yes, fully describe type of work sub-contracted: If Yes, describe how sub-contractors are vetted: Are sub-contractors required Yes Nο Yes No Is proof obtained? to carry own CGL? 4. PREMISE INFORMATION Are there any buildings at this locations? Yes No *If **Yes**, submit a Supplementary Building Application. stIf $oldsymbol{No}$, the below questions regarding yard or premise can be answered in lieu of the building application. Voluntary Fire Hall Paid Fire hall Hydrant within 500m Select all fire protection measures in place for marina: Sprinklers Stand pipe and hose Smoke alarms Number of fire Extinguishers: **Locked Compound** Fully fenced, gated & locked entry 24 hour security Select all security measures in place at marina: Floodlights Local Alarm **Motion Detectors** Monitored Alarm **Guard Dogs** Describe other businesses sharing the same dock, site or premise: List the businesses where the applicant is the landlord: Does the applicant obtain proof of liability Is the applicant added as an Yes No Yes No additional insured? insurance from each tenant? 5. RISK MANAGEMENT and SAFETY INFORMATION Type of moorage offered: Transient Both **Annual Moorage** Is a moorage agreement, containing a hold If Yes, attach a copy of the agreement Yes No harmless in the marina's favor, in use? Are "Use at your own risk" signs posted on the Describe wording Yes No

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used on signage:

docks?



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6. ENVIRONMENT INFORMATION -	· If S&A pollutio	on cover is requi	ired advis	e the following for	each tank on site	!			
Are fueling services provided?	Yes	No	Type o	f Fuel:		te of latest official ility inspection:			
Age of tank:	Type of t			Single Wall	ed tank	Double Walled tank			
Where is the tank located?:		nk on Docks Tank on Shore							
Where is the tank placed?:	Above (Above Ground		w Ground	If placed below the latest inspe	v ground, advise ection date:			
Who fuels the boat(s)?:	Qualifie	ed employees Fu	uel Boats	Owne	ers Fuel Own Boat	:			
Do operations involved storing, tr disposing or transporting waste m	-	Yes	No		certified compani tion with this wor	VAC	No		
Describe any spills or release of powned or operated by applicant:	ollutants from	any locations							
Fully describe spill response procedures in place:									
7. PRIOR INSURANCE and CLAIMS H	HISTORY								
Prior Insurance Company:				Policy Number	:	Expiry Date:			
Has insurance coverage ever been cancelled, declined or refused? If Yes, explain fully:	1	Yes	No						
Describe all claims in the past 5 y including dates, amounts paid:	ears								
Have you been involved in any m losses at any time? If Yes, provide full details:	ajor	Yes	No						
8. INSURANCE COVERAGE REQUEST	ΓED								
			Limit of	Liability		Deductible			
Marine Operators Liability:									
Bodily Injury:									
Sudden and Accidental Pollution:									
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@hmumarine.com).

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