# Marine Services Liability Policy – Marine Trades Application

## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## GENERAL INFORMATION (to be completed by all applicants)

1. Name of Applicant: _____

   Address: _____

   City: _____ Province: _____ Postal Code: _____

   Website: _____ Telephone Number: _____ Number of Years in Business: ____

   Nature of Business/Description of Operations to be Insured: _____

2. List other Named Insureds: _____

3. Proposed Policy Term: _____

4. Is applicant a subsidiary of any other entity or does the applicant have any subsidiaries? ◯ Yes ◯ No

   If "Yes" please describe:

   a. Insured location 1: _____

   b. Insured location 2: _____

   ***For additional locations please provide the same information as above in an attachment.*

5. Description of operations-nature of business for each Named Insured:

| Operation | Receipts | Limit Required |
|---|---|---|
| **Ship Repairs** | | $ _____ |
| Hull Repairs | $ _____ | |
| Engine/Mechanical | $ _____ | |
| Electrical | $ _____ | |
| Painting | $ _____ | |
| Hauling/Launching | $ _____ | |
| Other Work | $ _____ | |
| **Stevedores** | | $ _____ |
| Revenue | $ _____ | |
| # of Vessel calls/Cargo | _____ | |
| **Terminal Operators** | | $ _____ |
| Revenue | $ _____ | |
| # of Vessel calls/Cargo | _____ | |
| **Wharfingers** | | $ _____ |
| Revenue | $ _____ | |
| # of Docking/Safe Berth | _____ | |

**Marina Liability** $ _____

Mooring $ _____

Hauling/Launching $ _____

Fueling $ _____

Repair or Maintenance $ _____

Other $ _____

**All Other Operations** $ _____

Boat Building $ _____

Marine Contracting $ _____

Vessel Operations $ _____

All other $ _____

*Please describe "All Other" operations.*

_____

6. Was any policy/coverage declined, cancelled or non-renewed? _____

   If "Yes" please explain? _____

7. Sub-Contractors/leased workers: (explain all "Yes" responses):

   a. Is any of the applicant's work subcontracted out? ◯ Yes ◯ No

   b. What is the nature of the work subcontracted out? _____

   c. Are certificates of insurance obtained from subcontractors? ◯ Yes ◯ No

8. Provide details of contracts wherein you indemnify, hold harmless or release another party from liability?

   Contracting Party: _____ Limit: _____ Operations: _____

9. Environmental

   a. Give details of storage tanks, number & size, contents, whether above or below ground & when last surveyed:

   b. Do operations involve storing, treating, disposing, or transporting hazardous materials? ◯ Yes ◯ No

10. General Information

    Explain all "Yes" responses (for all past or present operations)

    a. Are there any day care facilities operated or controlled? ◯ Yes ◯ No

    b. Do you own any vacant land? ◯ Yes ◯ No

    c. Are there any residential dwellings on your premises? ◯ Yes ◯ No

d. Are there any demolition operations contemplated? ◯ Yes ◯ No

e. Do you perform any blasting or use explosives? ◯ Yes ◯ No

f. Have there been any operations sold, acquired or, discontinued in last 5 years? ◯ Yes ◯ No

g. Has the applicant been active in or is currently active in joint ventures? ◯ Yes ◯ No

h. Has the applicant or any predecessor company filed for bankruptcy protection in the last 5 years? ◯ Yes ◯ No

i. Do you loan or rent any machinery or equipment to others? ◯ Yes ◯ No

j. Does the applicant employ or utilize the services of any commercial divers? ◯ Yes ◯ No

k. Does the applicant draw plans, designs or specifications? ◯ Yes ◯ No

l. Does the insured purchase E&O and D&O insurance? ◯ Yes ◯ No

m. Does the applicant purchase coverage excess of this insurance? ◯ Yes ◯ No

(If "Yes" designate below the total limits purchased).

n. Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage. ◯ Yes ◯ No

Explanation area for all "Yes" responses

## MARINE LIABILITY

**Boat Repair (including alterations, repair or maintenance work):**

| | Location 1 | Location 2 |
|---|---|---|
| Total # of boats under repair any one time | # _____ | # _____ |
| Average value of individual boat under repair | $ _____ | $ _____ |
| Max. value of individual boat under repair | $ _____ | $ _____ |

Breakdown the type of work done as % of total Repair Operations:

| | | | | | |
|---|---|---|---|---|---|
| Engine | _____ | Welding | _____ | Rigging | _____ |
| Fiberglass | _____ | Painting | _____ | Installations | _____ |
| Electrical | _____ | Woodworking | _____ | Canvas | _____ |

Does Yard permit owners to work on their own boats? ◯ Yes ◯ No

If yes, please describe fully the restrictions imposed as to the type of work allowed, and any tools and equipment made available for boat owners use: _____

**Wharfingers (Own or Operate Piers, Wharfs or Docks for third party use):**

| | Number | Average Number of Days Per |
|---|---|---|
| Vessel Calls: | | |
| Barge Calls: | | |

Location address if different from main address above:

**Stevedores Liability:**

Do you or your employees load/unload cargo from third party vessels at your Piers/Wharfs or Docks? ◯ Yes ◯ No

If Yes:

Type of Product: _____ Tonnage: _____ Number: _____

**Terminal Operators Liability:**

Do you own or provide cargo handling equipment, warehousing or outdoor storage areas or other facilities at your Piers Wharfs and Docks? ◯ Yes ◯ No

**Docking and Mooring:**

| | | Location 1 | Location 2 |
|---|---|---|---|
| Number of berths available: | Slips | # | # |
| | Buoys | # | # |
| Average value of individual boat: | | $ | $ |
| Highest valued individual boat: | | $ | $ |

Covered Slips ◯ Yes ◯ No If yes, # of slips _____

E-Boat Charging Stations ◯ Yes ◯ No If yes, # of Stations _____

**Storage of Third Party Vessels:**

| | | Location 1 | Location 2 |
|---|---|---|---|
| Maximum # of stored boats: | Outside | # | # |
| | Inside | # | # |
| | Afloat | # | # |
| Average value of stored boats | Outside | $ | $ |
| | Inside | $ | $ |
| | Afloat | $ | $ |

Rack Storage ◯ Yes ◯ No If yes please provide details of number of pods _____

## PROPERTY

For the Insured locations, please provide the following:

| | Location 1 | Location 2 |
|---|---|---|
| a. Gated and fenced? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| b. 24 hour on site security? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| c. Night watchman? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| d. Camera system? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| If YES, is this monitored or recording only? Please provide details: | _____ | _____ |
| e. Monitored Alarm system? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| If YES, is this sound only or live monitoring? Please provide details: | _____ | _____ |
| f. Fire Detection system? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| g. Sprinkler system? | ◯ Yes ◯ No | ◯ Yes ◯ No |
| h. Are fire extinguishing inspected and maintained annually? | ◯ Yes ◯ No | ◯ Yes ◯ No |

**Building and Contents:**

| | Location 1 | Location 2 |
|---|---|---|
| Building Limit: | _____ | _____ |
| Contents Limit: | _____ | _____ |
| Age: | _____ | _____ |
| Operations: | _____ | _____ |
| Construction Type (COPE): | _____ | _____ |
| Valuation: | Replacement Cost ☐ Actual Cash Value ☐ | Replacement Cost ☐ Actual Cash Value ☐ |

## PIERS, WHARFS AND DOCKS

**Location 1:**

Address: If different from main address: _____

| Item | Yes/No | Construction Type | Year of Original Construction | Date of Last Renovation |
|---|---|---|---|---|
| Docks | ◯ Yes ◯ No | _____ | _____ | _____ |
| Piers/Wharfs | ◯ Yes ◯ No | _____ | _____ | _____ |
| Pilings | ◯ Yes ◯ No | _____ | _____ | _____ |
| Bulk-heading | ◯ Yes ◯ No | _____ | _____ | _____ |

Gangways/Ramps ◯ Yes ◯ No _____ _____ _____

Boat Launch Ramps ◯ Yes ◯ No _____ _____ _____

Sea Wall/Breakwater ◯ Yes ◯ No _____ _____ _____

Buildings on dock or piers ◯ Yes ◯ No _____ _____ _____

Other: ◯ Yes ◯ No _____ _____ _____

1. Are any of the docks removed during the winter? ◯ Yes ◯ No

   If "Yes", where are they stored? _____

2. Is a bubbler system utilized? ◯ Yes ◯ No

3. Does applicant have an emergency plan for protection of the docks in the event of a storm? ◯ Yes ◯ No

   If "Yes", please provide a copy of the plan.

4. What is the minimum depth of water? _____

5. Do all the gangways have adequate hand rails? ◯ Yes ◯ No

6. List type of utilities on docks/floats: _____

   Where are utilities mounted: _____

   When were they installed? _____ If updated, When? _____

7. Are ground fault interrupters used on the docks? ◯ Yes ◯ No

8. Is there a regular maintenance program? ◯ Yes ◯ No

   If "Yes", what is the annual maintenance budget? _____

9. What do you plan to repair/replace within the next 12 months? _____

10. Requested Physical Damage Limit: _____

11. How was dock value determined: ◯ ACV ◯ Replacement value

12. When was the last appraisal/survey conducted? _____

***For additional locations please provide the same information as above in an attachment.*

## BUSINESS INTERRUPTION/EXTRA EXPENSE

If you require a limit greater than $25,000, please complete the following:

1. Estimated gross profit for the next 12 months _____

2. Extra Expense limit required _____

## MARINE BUILDERS RISK

1. How many vessels do you build annually? _____

2. Do you build and fit the vessels that you sell yourselves? ☐ Yes ☐ No

   If NO, are hulls purchased by you from a recognised hull manufacturer? ☐ Yes ☐ No

3. Do you undertake restoration and/or conversion projects? ☐ Yes ☐ No

4. Please complete the following:

| Type of Craft and Construction Material | Maximum Values at risk any one time | Maximum values at risk any one vessel | P&I Limit required whilst afloat during sea trials |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

5. Percentage of work completed indoors? _____

## HULL AND MACHINERY

1. Please complete the following (if more than six vessels require cover then please provide a schedule).?

| Name of Vessel | Type of Craft (Tug, barge, workboat) | Value | Age | Use/Navigation area | P&I Limit required whilst afloat |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Please confirm below if any of the above vessels are permanently or temporarily laid up and if so, please provide details of their layup location, whether on land or on water and duration of layup.

_____

_____

3. Do you require cover for occasional use for Private Pleasure purposes? ☐ Yes ☐ No

   If YES, please provide details?

   _____

   _____

4. Do you require cover for Trailer(s)? ☐ Yes ☐ No

   If yes, please provide details of value based on actual cash value? _____

## CONTRACTORS EQUIPMENT

1. Do you use lifting and/or hauling equipment?

| Description, Make & Model | Age | Agreed Value | Date of the last maintenance inspection |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2. What is the frequency of maintenance inspections (e.g.; annually/bi-annually)? _____

## LOSS EXPERIENCE

| | Date of Loss | Loss Description | Losses Paid | Outstanding Estimated |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Has any company declined, cancelled, or non-renewed any insurance applied for during the past five years:

_____

Previous Insurers: _____

## FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

## APPLICANT

By: _____ _____

Signature and Title* Printed Name of Authorized Representative

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

**Applications should be submitted to your local CNA Underwriter.**