

This Application is submitted to Travelers Insurance Company of Canada ("TICC") and St. Paul Fire and Marine Insurance Company ("SPFM"). In the event a policy of insurance is issued by TICC, any references to SPFM shall be inapplicable. In the event a policy is issued by SPFM, then (i) any references to TICC shall be inapplicable, and (ii) for purpose of the Insurance Companies Act (Canada), this document is issued in the course of SPFM's insurance business in Canada.

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited. Please complete one application for each location separately and attach the following papers.

1. Name of Applicant		2. Applicant Web Site	
3. Applicant Address (No., Street, City, Province, Postal Code)		4. Telephone No.	
5. How long in operation under present management	6. No. of Full-Time Employees	7. No. of Part-Time Employees	
8. Name of Operations Manager	9. Age	10. Experience in this field	

MARINA LOCATION

11. Marina Address (No., Street, City, Province, Postal Code)		
12. No. of Slips	13. No. of Docks	14. Age of Docks

STORAGE OPERATIONS

15. What was the maximum number of Vessels stored at any one time during the past year? _____ # wet _____ # dry

16. What is estimated average value of individual vessels stored during the past year?..... \$ _____

17. What is the estimated maximum value of any one vessel stored in the past year? \$ _____

18. How many of the slips available were rented last year? _____

19. Type of Storage: _____ % in Racks _____ % in Trailers _____ % in Cradles _____ % in Jack Stands

20. Height of rack storage?..... _____

HAULING AND LAUNCHING

21. Describe equipment, last inspection and certification: _____

a. Location: _____ b. Design: _____

c. Power: _____ d. Capacity: _____

e. Mobile: _____ f. Stationary: _____

g. Number of vessels repaired in the last 12 months? _____

h. Average value of vessel? \$ _____

i. Maximum value of vessel?..... \$ _____

j. Number of vessels hauled out in the last 12 months for:

 1) Repairs _____

 2) Storage _____

 3) Other..... _____

22. Boating Season: From: _____ To: _____

23. Depth of water at all locations (M.L.W.) _____
24. Give range of tide in feet: _____

FUELING AND FIRE PROTECTION

25. Pollution containment plan and equipment, describe and list: _____

- a. Do you have any fueling operation? Yes No
- b. What is its nature (gas or diesel)? _____
- c. How far from storage or moorage area? _____
- d. Is there a shut off switch at fueling dock? Yes No
- e. What is the age and condition of pumps and hoses? _____
- f. Is there fire fighting equipment at the fueling dock? Yes No
26. Is the Public Fire Department Paid or Volunteer? _____
27. How many Public Fire Hydrants are on location? _____
- a. What is the distance? _____
28. What is the size of the Public Fire Mains? _____
- a. What is the pressure of the mains? _____
29. Do you have Private Fire Protection? Yes No
If yes, please describe: _____

GROSS RECEIPTS AND GENERAL

30. Please provide Annual Gross Receipts for the following:
- | | |
|---------------------------------|----|
| a. Storage? | \$ |
| b. Moorage?..... | \$ |
| c. Repairs? | \$ |
| d. Fueling? | \$ |
| e. Hauling and Launching? | \$ |
| f. Other? _____ | \$ |
31. Give names and past experience of key personnel: *Attach a separate sheet of paper if necessary.*

32. How long has the marina been in operation under present management?..... _____
- a. Give prior business names if any: _____
33. Previous Insurance Carrier. *Please provide copy of the Policy if not St. Paul Travelers.*

34. Has any company refused or cancelled any insurance applied for or in force during the past 5 years? Yes No
If yes, please explain on a separate sheet of paper.

35. List any losses from any cause within the last five years with dates and amounts. Include any losses incurred under any other entity or names. *Please use separate sheet of paper if necessary.*

36. Additional comments if any: _____

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature X	Date
Agent's Signature X	Date