



For purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company'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.

1. Type of insurance applying for (check one)
[] Joint Venture [] Corporation [] Partnership [] Individual
2. Name of Applicant
3. Applicant Web Site
4. Applicant PO Address (PO No., City, Province, Postal Code, Country)
5. Telephone No.
6. Names of all affiliated companies both domestic and foreign

COMPANY INFORMATION

Table with 4 columns: Name of Entity, Description of Operation, Location, Years in Business

REVENUES AND PAYROLL

Table with 4 columns: Name of Entity, Estimated Gross Revenue, Estimated Payroll, No. of Employees

NON-MARINE EXPOSURES

List all premises occupied but NOT OWNED by the applicant with values in excess of \$25,000:

Table with 4 columns: Description, % Occupied, Estimated Value, 80% Bldg. Fire Rate

7. List personal property in applicant's care, custody or control where values exceed \$25,000:

CONTRACTORS

8. Describe types of work performed (attach a job listing for prior 3 years)

Blank lines for describing types of work performed

9. Is any work subcontracted? [] Yes [] No
If yes, what type of work and amount? \$

10. Do all subcontractors carry Limits of Liability at least equal to those purchased by the Insured? [] Yes [] No

11. Are all subcontractors required to provide certificates of insurance? [] Yes [] No

12. Does the insured employ architects? [] Yes [] No

13. Does the Insured employ professional engineers? Yes No
14. Is any asbestos or hazardous material handled? Yes No
15. Is any bridge or tunnel work done? Yes No
16. Is any marine work done? Yes No
17. Do any jobs involve blasting? Yes No

PRODUCTS - Attach copies of all product brochures, catalogues, and latest Annual Report

18. Describe all products that are manufactured, distributed or sold: _____

19. Have any products been discontinued? Yes No
20. Are any new products to be introduced within 12 months? Yes No
21. Are any products used in aircraft, missiles, nuclear installations or in ocean-going vessels? Yes No
22. Are foreign products distributed in Canada or used as components in the Insured's products? Yes No
23. Have any products (present and discontinued) manufactured, installed or distributed contain asbestos? Yes No

POLLUTION

24. Has an EPA or other regulatory agency number been assigned as a generator, transporter, storer, treater or disposer of hazardous waste? Yes No
25. Are there any underground storage tanks at any location of the Insured? Yes No
If yes, please describe: _____

26. Indicate coverage on GL:
 Standard ISO Exclusion Sudden and Accidental Only Absolute Exclusion Separate Policy

RAILROAD OPERATIONS

27. Give details of any railroads owned, maintained or operated by applicant: _____

AUTOMOBILE EXPOSURE

28. Number of Private Passenger Autos? _____
29. Number of Commercial Autos? _____

Type of vehicle	No. of vehicles	Operating Radius	Cargos Carried
a. Truck	_____	_____	_____
b. Tractor	_____	_____	_____
c. Trailers	_____	_____	_____
d. Tankers	_____	_____	_____
e. Vans & Pickups	_____	_____	_____
f. Buses	_____	_____	_____

30. List the number and type of other vehicles not licensed for public road use (earthmovers, bulldozers, cranes, etc.):

31. Property hauled, if any: _____

32. Is hired car/non-owned coverage provided? Yes No
33. Is there an Auto Contractual Exposure? Yes No
34. Are passengers carried for a fee? Yes No
35. Are any drivers or owner vehicles excluded from the Underlying policy(ies)? Yes No

WORKERS' COMPENSATION

36. Is Statutory Workers' Compensation carried? Yes No
If no, is applicant a qualified Self Insurer?..... Yes No
37. Is any Workers' Compensation Insurance carried? Yes No
38. What is the employer's liability limit? \$ _____

AIRCRAFT EXPOSURE

39. Is Non-Owned aircraft chartered with crew? Yes No
40. Describe leased or chartered aircraft: _____

41. Describe owned aircraft: _____

ADVERTISING EXPOSURE

42. Is a advertising agency used? Yes No
43. Describe methods and expenditures for advertising: _____

NON-MARINE LIABILITY LOSSES

44. For each line of insurance, give aggregate loss experience (number of claims and total dollar value) for the past five years, including outstand reserves.

Year	AUTO LIABILITY		GENERAL LIABILITY		PRODUCTS LIABILITY		PROFESSIONAL LIABILITY	
	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount

a. For each claim in excess of \$10,000 please describe. Attach sheet with further details if necessary.

Date of Occurrence	Current Claim Evaluation	Description of Occurrence

MARINE EXPOSURE

45. List any landing, pier or wharf leased or operated by the applicant when non-owned vessels come under the care, custody or control of the applicant.

Location	Estimated Annual Vessel Days	Type of Operations	Estimated Gross Receipts

Describe below any Marine Terminal or Stevedore Operation of the Applicant.

Location	Type of Operations	Gross Receipts

Describe below any Shipbuilding, Ship Repairing or Barge Cleaning Operation of the Applicant.

46. Does the applicant engage in any gas freeing? Yes No

If yes, please describe: _____

47. Does the applicant do any blasting or explosives? Yes No

48. Does the applicant ever charter or lease vessels? Yes No

If yes, please describe: _____

49. Does the applicant own, operate or charter any private pleasure crafts? Yes No

If yes, please describe: _____

50. Does the applicant have exposure under the Longshoreman's and Harbor Worker's Act? Yes No

If yes, please describe:

No. of Employees	Payroll, if Any	Type of Work Performed

51. Schedule all commercial vessels the applicant owns, leases, charters or operates.

If more space is needed, attach Schedule of Vessels to this application.

Location	Type of Vessel	Estimated Gross

PRIMARY LIMITS

Hull Value	Protection & Indemnity	Collision & Towers
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

MARINE LIABILITY LOSSES

52. Loss experience for the past 5 years with amounts paid and outstanding. Claims of \$5,000.

Date of Loss	Description	Amount Paid	Outstanding
a. _____	_____	\$ _____	\$ _____
b. _____	_____	\$ _____	\$ _____
c. _____	_____	\$ _____	\$ _____
d. _____	_____	\$ _____	\$ _____
e. _____	_____	\$ _____	\$ _____

SCHEDULE OF UNDERLYING INSURANCE

53. List all Liability and Compensation Policies to apply as Underlying Insurance:

a. NON-MARINE EXPOSURES

Type of Insurance	Insurance Company	Policy No. & Period	Limits	Premium
1) General Liability	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
2) Product Liability	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
3) Collision & Tower	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
4) Barge Bailee	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
5) Shiprepairers	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
6) Other	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____

NOTE: Minimum requirements is \$1,000,000. Claims-Made C.G.L. 1973 Occurrence C.G.L. 1986 Occurrence G.L.

- b. Does 1973 Occurrence Broad Form C.G.L coverage apply?..... Yes No
If no, attach supplemental explanation.
- c. Does the General Aggregate apply on a: Policy Basis Location Basis Job Basis
- d. Are defense costs within aggregate limit?..... Yes No

e. MARINE EXPOSURES

Type of Insurance	Insurance Company	Policy No. & Period	Limits	Premium
1) Hull & Machinery	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
2) Protection & Indemnity	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
3) Collision & Tower	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
4) Barge Bailee	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
5) Shiprepairers	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
6) Other	_____	# _____ From: _____ To: _____	\$ _____	\$ _____

NOTE: All underlying companies must be best A-6 or better.

54. Do all the above policies apply to all companies or operations? Yes No

If no, state exceptions: _____

55. Do previous policies apply to all companies or operations? Yes No

56. Has any coverage listed above been cancelled or renewal refused within the last 5 years? Yes No

If yes, state below each coverage and the reason for cancellation or non-renewal.

Coverage

Reason for Cancellation or Non-Renewal

_____	_____
_____	_____
_____	_____

57. Limit of Liability Requested: _____

58. Self insured retention limits requested: \$25,000 \$50,000 Other _____

REMARKS

59. Explain all yes answers to previous questions or use this section to give other relevant information.

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