



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. 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