



Harlock Murray Underwriting Ltd.

COMMERCIAL FISHING VESSEL APPLICATION

INSURED INFORMATION:

VESSEL OWNER: _____ VESSEL NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LOSS PAYEE: _____

VESSEL DETAILS:

LENGTH: _____ BEAM: _____ DRAFT & DEPTH: _____ GROSS TONS: _____ HOME PORT: _____

YR BUILT: _____ BY: _____ WHERE: _____

OFFICIAL CONSTRUCTION: _____ F/V TYPE: _____ FUEL TYPE: _____
NUMBER: _____

LAST SURVEY DATE: _____ RECS COMPLIED WITH: _____ COPY ATTACHED: _____

MARKET VALUE: _____ REPLACEMENT COST: _____

LAST STABILITY TEST: _____ PURCHASE DATE: _____ PURCHASE PRICE: _____

MACHINERY DETAILS:

ENGINE YR BUILT: _____ TOTAL HOURS: _____ MAKE: _____ H.P.: _____

DATE OF LAST OVERHAUL: _____ ENGINE HRS. SINCE LAST OVERHAUL: _____

AGE/TYPE/HOURS OF AUXILIARY ENGINE(S): _____

DETAILS OF ANY MAJOR REFIT/OVERHAUL ON HULL & MACHINERY DURING THE LAST 5 YRS (Include dates):

APPROXIMATE COST: _____



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<u>INSURANCE DETAILS:</u>	<u>LIMITS OR AMOUNT:</u>	<u>EFFECTIVE DATE:</u>	_____
HULL & MACHINERY:	\$ _____	DEDUCTIBLE:	\$ _____
TRAILER/SKIFF:	\$ _____	DEDUCTIBLE:	\$ _____
PROTECTION & INDEMNITY:	\$ _____	DEDUCTIBLE:	\$ _____
WAR RISKS:	\$ _____		

PREVIOUS INSURANCE RECORD:

IN RESPECT OF THIS OR ANY OTHER VESSEL OWNED OR OPERATED BY YOU, HAS ANY INSURER CANCELED, DECLINED OR REFUSED TO RENEW COVERAGE:

YES _____ NO _____ **IF YES, PROVIDE FULL DETAILS:**

ANY LOSSES OR CLAIMS IN LAST 5 YEARS: YES _____ NO _____ **IF YES, PROVIDE FULL DETAILS:**

HULL & MACHINERY: \$ _____ PROTECTION & INDEMNITY: \$ _____

FISHING OPERATIONS:

****INCLUDE ALL AREAS WHERE THE VESSEL MAY NAVIGATE AS THIS WILL BECOME YOUR TRADING WARRANTY.**

FISHERY	OPERATING AREA	MONTHS OPERATING	# OF CREW
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VESSEL LAID UP FROM (DATE): _____ TO (DATE): _____

LOCATION OF LAY UP: _____

OWNER OPERATED: _____ IF NOT, NAME OF OPERATOR: _____

PROVIDE RECENT COLOR PHOTOGRAPH OF VESSEL AND COMPLETE ATTACHED OWNER / SKIPPER QUESTIONNAIRE. ALSO, FULL COPY OF CURRENT CONDITION AND VALUATION SURVEY IS REQUIRED.

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.

DATE: _____ OWNER'S SIGNATURE: _____



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OWNER/SKIPPER QUESTIONNAIRE

TO BE COMPLETED BY EACH OWNER AND EACH SKIPPER, SUPPLEMENT TO THE APPLICATION:

1. NAME OF OWNER/SKIPPER: _____

2. ADDRESS: _____ EMAIL: _____

3. DATE OF BIRTH: _____ 4. # YEARS AT SEA: _____

5. CERTIFICATIONS / QUALIFICATIONS / LICENSES / TICKETS HELD: _____

6. DETAILS OF PREVIOUS VESSELS OWNED/SKIPPED/CREWED ON IN THE LAST 5 YEARS (USE SEPARATE SHEET IF REQUIRED):

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. HAVE YOU HAD **ANY** CLAIMS OR LOSSES IN THE LAST 5 YEARS? YES _____ NO _____

CLAIMS/LOSS RECORD OF OWNER/SKIPPER FOR THE LAST 5 YEARS ON ALL VESSELS OPERATED, *WHETHER INSURED OR NOT*: (WRITE ON BACK IF NECESSARY)

YEAR	FULL DETAILS & TYPE OF LOSS / CLAIM	AMOUNT	INSURER	CLOSED?
		\$		
		\$		
		\$		

8. HAVE YOU AT ANY TIME BEEN INVOLVED IN **ANY** MAJOR DAMAGES / TOTAL LOSSES ON **ANY VESSEL** *WHETHER INSURED OR NOT*? YES _____ NO _____ IF SO, PROVIDE FULL DETAILS AS PER #7 ABOVE:

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.

DATE: _____ SIGNATURE: _____



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NOTICE CONCERNING PERSONAL INFORMATION

How we use your information

By purchasing insurance from certain Underwriters at Lloyd's, London ("Lloyd's"), a customer provides Lloyd's with his or her consent to the collection, use and disclosure of personal information. Consent is subject to the customer's understanding of the nature, purpose and consequences of the collection, use or disclosure of their personal information.

Information is collected and stored for the following purposes:

- the communication with Lloyd's policyholders
- the underwriting of policies
- the evaluation of claims
- the analysis of business results
- purposes required or authorized by law

What personal information we collect about you

We collect, process and store the following personal information about you:

- Name
- Address including postal code and country
- Policy number
- Claim number
- Credit card details
- Bank account details

We also collect information about you when you visit www.lloyds.com. Further details can be found on our online Privacy & Cookies policy at <http://www.lloyds.com/common/privacy-and-cookies-statement>.

We will not use your personal information for marketing purposes and we will not sell your personal information to other parties.

Who we disclose your information to

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataires, and to certain non-related or unaffiliated organisations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction (the United Kingdom and the European Union) and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Disclosure without consent

The following are reasonable grounds to permit the disclosure of personal information without the knowledge or consent of a customer:

- Detecting or suppressing fraud
- Investigating or preventing financial abuse
- For communication with the next of kin or authorized representative of an injured, ill or deceased individual
- Investigating a breach of an agreement or a contravention of the laws of Canada or a foreign jurisdiction
- Witness statement necessary to assess, process or settle insurance claims
- Information produced in the course of employment and the disclosure is consistent with the purpose it was produced for

How to access your information and/or contact us

To access and request correction or deletion of your information, or to obtain written information about Lloyd's policies and practices in respect of service providers located outside Canada, please contact the Ombudsman at info@lloyds.ca. The Ombudsman will also answer customer's questions about the collection, use, disclosure or storage of their personal information by such Lloyd's service providers.

Further information about Lloyd's personal information protection policy may be obtained from the customer's broker or by contacting Lloyd's on: 514 861 8361, 1 877 455 6937, or through info@lloyds.ca.