



Marine Advance Loss of Profits Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province:

Postal code: Number of years in business: All monetary values are in:

Nature of business:

CARGO

List the products being shipped:

What is the total value of property shipped: \$ What is the maximum shipped by one vessel: \$

Is any of the machinery to be imported of a prototype nature: Yes No

If 'Yes', please describe:

Name and address of suppliers/manufacturers:

Will the entire machinery be imported from the manufacturers or will certain parts be manufactured locally:

TRANSPORTATION

Place of origin: Port of loading:

Port of destination: Final destination:

Date of shipments: Number of shipments:

Do you want us to insure the cargo while in transit: Yes No

If 'No', who is insuring the cargo:

TERMS

Has the sum insured been arranged by reference to any known figures or, if estimates, are these figures available:

Is this a contract or regular sendings: Contract Regular sendings

If a contract, when is the final delivery date:

When is the anticipated commencing date:

PROJECT DETAILS

In the event of replacements being required, what is the maximum replacement period required by manufacturers:

In the event of minor damage would it be possible for local repairs to be carried out:

Is there any allowance in the construction programme for delays: Yes No

If 'Yes', please explain

How long will installation take and what period of time is being allowed for testing and necessary adjustments before planned production date:

Provide detailed information concerning the installation programme with target dates:

Name the contractors responsible for installation work:

Is there a contractors all risks/machinery erection and testing insurance in place: Yes No

What is the full contract price: \$ What is the planned commencing date of the machine:

Are there any vital pieces of equipment without which production could not be commenced: Yes No

If 'Yes', please explain

Can replacement be sent by airfreight: Yes No Are there any import restrictions or a waiting list: Yes No

UNDERWRITING INFORMATION

State the sum insured: Gross profits: \$

Additional increase cost of working: \$

Lost revenue per day: \$

Name of previous insurer(s):

Have you ever had a previous policy cancelled: Yes No

If 'Yes' please explain:

Premium and loss history for the last 5 years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Additional information:

Aldis privacy statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date:

Applicant's signature:

Broker's signature:

