TCIM
Trans Canada Insurance Marketing Inc.

Contact Information:
http://tcim.ca/our-people.htm

Application for Stevedores Liability Insurance

Applicant's Name: **Broker's Name:**

Address:			Address: Broker's No. ( )	
Nature of Business:			Number of years in business:	
Location of Operations:				
Year				Anticipated upcoming year
Annual tonnage of cargo handled for past three years	$	$	$	$
Annual Gross Receipts for past three years	$	$	$	$
Annual Payroll for past three years	$	$	$	$
Values of Cargo handled per annum for previous three years	$	$	$	$

Any one Vessel:
- Estimated Maximum Value: $ - Estimated Average Value: $

Premium and Loss Record over past 5 years:

Number and Type of machines in use:

Commodities being handled:

Approximate number of ships to be handled in year:

Estimated percentage of cargo:
- containerized % - break-bulk %

Number of employees: Permanent Temporary

Has a previous Insurer ever cancelled or refused to renew similar risk?

This application does not bind the applicant or the company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's Signature	Date