



**Wet Marine Supplemental Questionnaire**

Brokerage/Agency Name:

---



---



---

1. List premium volume for commercial coverage provided for wet marine related accounts:

	<u>Premium Volume</u>
Bumbershoot	_____
P&I	_____
Hull	_____
Pollution	_____
Builders Risk	_____
Maritime Employers Liability	_____
Marine General Liability	_____
Cargo	_____
Other (Specify):	_____

2. Provide the annual premium and number of policies by vessel type:

	<u>Premium Volume</u>	<u>Number of Accounts</u>
Ocean Cargo Carriers	_____	_____
Tug Boats	_____	_____
Dredges	_____	_____
Fishing Boats	_____	_____
Barges	_____	_____
Crew Boats	_____	_____
Tankers	_____	_____
Cruise Ships	_____	_____
Towboats	_____	_____
Other (specify):	_____	_____

3. Provide the following information for the top 3 carriers used for wet marine coverage:

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

4. Does the brokerage/agency have any binding authority for wet marine accounts? .....  Yes  No

5. Does the brokerage/agency accept brokered wet marine business? .....  Yes  No



6. Does the brokerage/agency place any wet marine business through a broker? .....  Yes  No  
**If Yes**, please complete the following for the top 3 brokers used for wet marine placements:

<u>Broker/Agency</u>	<u>Premium Volume</u>	<u>Carrier</u>	<u>Years of Wet Marine Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Does the brokerage/agency write coverages for vessels subject to operations outside Canadian territorial waters? .....  Yes  No  
**If yes**, does the brokerage/agency have procedures required to comply with insurance requirements? .  Yes  No

8. Does the brokerage/agency issue blank certificates of insurance to their clients for cargo coverage? ....  Yes  No

9. Does the brokerage/agency conduct vessel surveys or hull appraisals? .....  Yes  No

10. Does the brokerage/agency have a marine claim adjuster on staff? .....  Yes  No

11. Does the brokerage/agency have audited, written procedures to confirm communication of the navigational warranty to the insured?.....  Yes  No

12. What percent of wet marine clients are involved in transporting hazardous materials? \_\_\_\_\_%

13. List brokerage/agency staff who handle wet marine accounts along with experience.

<b>Name</b>	<b>Yrs. of Wet Marine Insurance Experience</b>	<b>Position In Brokerage/Agency</b>
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Please Print)