

Supplementary questionnaire



Marinas

1. Name of applicant: _____
2. Facility address: _____
3. What is the distance to the nearest recreational swimming area on this body of water?
☐ None known ☐ 600 metres or less ☐ Over 600 metres
4. Does the marina operate year round? YES ☐ NO ☐
5. Does the facility have piping that extends underwater? YES ☐ NO ☐
6. Does the facility have piping that extends over the water including along bulkheads, docks or floating docks?
YES ☐ NO ☐
If yes, does the facility have a shut-off valve located over land that will stop the flow of product? YES ☐ NO ☐
Please describe the placement of the shut-off valve and how it works:

7. Are all underground storage tanks double-walled? YES ☐ NO ☐
8. Is all underground storage tank piping double-walled? YES ☐ NO ☐
If no, is all piping above ground? YES ☐ NO ☐
9. Type of leak detection system on underground storage tank systems:

10. Do all above ground storage tanks have secondary containment via double-walled tank or impermeable dike?
YES ☐ NO ☐ N/A ☐
11. Is all above ground storage tank piping above ground? YES ☐ NO ☐
If no, is all piping double-walled? YES ☐ NO ☐
12. Type of leak detection system on above ground storage tank systems:

13. List all products contained in tanks for which coverage is requested:

14. Are all dispensers protected from impact by vehicles and watercraft? YES ☐ NO ☐
Please provide details:

15. Is a written Spill Prevention, Control and Containment (SPCC) Plan in place? YES ☐ NO ☐
16. Please attach a site diagram.

Applicant's consent to the transmission of the information contained in the application form

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

I acknowledge that specific details of Victor's Privacy Notice can be found at www.victorinsurance.ca.

Information obtained from

Title/Position

Date (dd/mm/yyyy)