



Mitchell McConnell Insurance Ltd

Aquaculture Insurance Application Form For Stock held in Land-Based Locations

CONFIDENTIAL

Name and address of applicant:

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.....

Telephone number:

Facsimile number:

e-mail:

Contact name(s)

Please supply the name(s) and address of any parties whose interest should be noted in the insurance.

.....

Locations

Site	Year Established	Species

Site Details

Site	# of Holding Units	Size (Volume / Unit)	Construction (material)

Obtain Site Plan or sketch layout on the back of this sheet.

Coverages

Please indicate which are the listed perils you wish to obtain cover against:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Pollution. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Malicious acts, theft, predators. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Flood, tidal wave. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Storm damage, subsidence, landslip, structural failure, breakage or blockage of any part of the water supply system. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Drought, fire, lightning, explosion, earthquake. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Freezing, frost damage, frazil ice. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Mechanical breakdown or accidental damage to machinery and other Installations. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Electrical breakdown, failure or interruption of the electricity supply, electrocution. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Deoxygenation due to vegetation, microbiological activity or high water temperature. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Any other change in concentration of the normal chemical constituents of the water, including supersaturation with dissolved gases and change in salinity. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Disease. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Other? | | |

Certain of the above perils may not be available in specific locations.

Risks

Are any of the following sources of pollution located on the watercourse from which you draw or with a 4km radius?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Villages or towns – please provide names and their approximate population | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Farms, or other agricultural operations or forestry. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Fish Farms, fish processing plant and/or other aquaculture operations. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Abattoirs, manufacturing installations or other commercial enterprises | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Water treatment facilities such as sewage works or septic tanks. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Quarries, mines or any other source of suspended solid or particulate pollutants. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Any other possible sources of pollution? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered 'yes' to any of the above, please give full details

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Is the general Public permitted on site? (If so, give reasons)

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Is there an exposure to flooding on the site? If so, what measures have been taken to prevent a potential loss

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Is the facility located downstream from any dams or reservoirs?

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Do wild fish live upstream from the facility, and if so, are they a migratory species?

.....

Engineering

Water

Source	%age of total facility requirement	Minimum Flow	Flow limiting factor(s)

Pumps

#	Flow rate	%age used	Back-up or primary?

Estimated time to change a pump..... After hours?

Oxygenation system(s)? Backup?.....

Automated system?.....

%Age Recirculation.....

Filtration system (yes/no)

U.V. Application?.....

Swirl Separator?.....How many?.....

Bio-Filtration (yes/no).....Particulate size.....

Power Source

Primary.....

Backup(s) Automatic ?

Tested ?..... Frequency?..... Under full load?.....

Security/ Alarms

Fencing/ Gates ? Night Watchmen/24h staffing? Guard dog ?.....

Security alarm system?..... Perimeter ?..... Motion detectors ? Centrally Monitored ?.....

Water Flow alarm (min.) ?..... O₂ level alarm (min.) ?Electrical failure alarm?

Maintenance Contract?..... If so, with whom?.....

Husbandry.

Operational Parameters – Recorded

	Minimum	Maximum
Salinity (ppt)		
pH		
Water temperature (°C)		
Dissolved Oxygen Concentration (Mg/l)		

Measures taken to prevent blockage to water source inlet

Feed (manufacturer (s)).....

Average mortality

For which diseases do you screen?.....

Lab on site? (yes/no)..... if No, then what facility is used.....

Independent fish-health consultants and veterinarians used

Disinfection protocols used on site

.....

Disease history over the past 5 years and estimate loss of each occurrence

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Vaccinations (which diseases)?.....

If health certification is provided, what is its scope and who is this issued by?.....

.....

Any other Husbandry practices not mentioned above.....

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Insurance Details

Current stock mortality insurers expiry date.....

Coverage limit.....Deductible.....

Has any insurer declined, cancelled, refused to renew or imposed restrictive terms on any stock mortality insurance you have arranged or applied for?

Please provide full details of all stock mortalities or losses other than normal trade losses during the past five years even if these did not result in an insurance claim.

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In your opinion, are there any material facts which might render the insurance of your stock a greater or lesser risk than would otherwise be the case?

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N.B. Failure to disclose any relevant material facts may result in Insurers declining to pay a claim. It is, therefore, important that this question is answered correctly. If you are in any doubt as to whether a set of circumstances or a fact is material then you should disclose it.

DECLARATION (to be signed by the applicant)

N.B. Signing this form does not commit the applicant or the Insurers to complete the insurance contract, However, it is agreed that this form shall be the basis of the insurance contract should a policy be issued.

I warrant the truth and accuracy of the statements contained in this application form. I understand that any false statement or material fact not disclosed may prejudice my right to compensation under the insurance for which I am now applying.

I further declare that, to the best of my knowledge and belief, my stock are free from physical disability and in sound health and that all equipment, machinery and protective systems necessary for the containment and continuing survival of the stock are also in good condition.

Signed:

Date:

This application form has been issued by and should be returned to:

Mitchell McConnell Insurance Ltd.
660 Rothesay Ave, Saint John, New Brunswick,
Canada, E2H 2H4
Email: chrisb@mitchellmccconnell.com

Phone: (506) 634-7200
Fax: (506) 633-1858