



PACIFIC MARINE UNDERWRITING MANAGERS LTD.

Name of Brokerage _____

Branch _____

Contact _____

Telephone _____ Fax _____

SPORT BOAT/YACHT APPLICATION

Page 1 of 2

CLIENT INFORMATION

Name of Owner(s) _____ Age _____ Occupation _____

Street Address _____

Mailing Address if Different _____

LOSS HISTORY AND EXPERIENCE OF OWNER(S)/OTHER OPERATOR(S)

Years of Owned Experience with Boats _____ Years of Non-owned Experience with Boats _____

Types of Boats Operated _____ Size of Boat _____

Boating Courses or Other Experience _____

Has Insurance Been Declined or Cancelled? _____ Loss History past 5yrs: _____

Amount Paid _____

List all auto moving traffic and at fault accidents per operator in past 3 years:

Description _____

Date of Accident _____ Date of Conviction _____ Current Driver's License? _____

VESSEL INFORMATION

Name of Boat _____

Registration No. _____ License No. _____ Hull Identification No. _____

Purchase Date _____ Purchase Price _____ Survey Date _____

Manufacturer _____ Model _____ Length _____ Width _____

Year Built _____ Current Market Value _____ Replacement Value _____

Type of Boat: Sailboat Cruiser Houseboat Runabout Ski Boat Catamaran/Trimaran

Construction: Fiberglass Aluminum Steel Wood Fabric Fiberglass Over Wood Other

Cruising Speed in MPH _____ Max Speed in MPH _____

Moorage Location _____ On Mooring Buoy Yes No

Storage Location if Different _____

Navigation area _____

Vessel Use: Pleasure Use Only Business Use Live Aboard Charter Use

Is your vessel for sale? Yes No

MAIN ENGINE DETAILS

Make _____ Model _____ Serial Numbers _____

Age of Engines if Different from Vessel _____ Horsepower _____

Type: Inboard Gas Inboard/Outboard Gas Inboard Diesel Outboard Jet Drive

Value of Motor if it is an Outboard _____ Rebuilt Date _____ Fire Fighting System _____



SPORT BOAT/YACHT APPLICATION

VESSEL EQUIPMENT

Equipment Details: Cabin Heat _____ fuel used Hot Water Heat _____ fuel used
 Cook Stove _____ fuel used Refrigerator _____ fuel used

Electronics: Compass VHF GPS Sounder Auto Pilot

Alarms: Bilge Engine Heat Fume Detector Oil Pressure

Fire Extinguishers: Number of extinguishers _____ Do They Meet Current Coast Guard Standards? _____

Dinghy/Tender Info: Manufacturer _____ Model _____ Age _____ Current Value _____ Serial Numbers _____

Aux. Motor Info: Manufacturer _____ Model _____ Age _____ Horsepower _____
Current Value _____ Serial Numbers _____

Trailer Info: Manufacturer _____ Age _____ Current Value _____ Serial Numbers _____

Boathouse Info: Construction _____ Age _____ Current Value _____

COVERAGE LIMITS REQUESTED

Table with 4 columns: Coverage Category, Limit, Deductible, Premium. Rows include Hull & Machinery, Main Outboard Motor, Auxiliary Motor, Tender/Dinghy, Reimbursement of Emergency Expenses, Personal Effects, Boathouse, Trailer, Protection & Indemnity Liability, Uninsured/Underinsured Boater Protection, Medical Payments, Other, and TOTAL PREMIUM.

Start Date _____ Expiry Date _____ Previous Insurer _____ Policy Number _____

Loss Payee Name _____ Address _____

Broker Signature _____ Client Signature _____ Date _____

Remarks: _____

DISCLOSURE STATEMENTS

I understand that the above information is correct and complete to the best of my knowledge, is to be the bases of this insurance, if granted, but does not obligate me to accept the insurance nor for the company to accept the risk.

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results.