

BROKER INFORMATION

Brokerage Code/Location:

Broker Name:

Broker Email:

OWNER INFORMATION

First Name: Last Name: Owner #1 Name: Owner #1 Date of Birth:
 Owner #1 Occupation:
 First Name: Last Name: Owner #2 Name: Owner #2 Date of Birth:
 Residence Address:
 Email: Phone:
 Loss Payee:

PRIMARY OPERATOR INFORMATION

First Name: Last Name: Primary Operator Name: Primary Operator Date of Birth:
 Pleasurecraft License: Boating Courses/Memberships:
 # of Years Ownership Experience: # of Years Operating Experience:
 Major Road Violations within Last 5 Years: # of Years Operating with Same Vessel Type:
 Type of Road Violations (if applicable): Criminal Record:

VESSEL OWNER'S INSURANCE HISTORY

Prior Insurance: Previous/Current Insurer(s):
 Refused Insurance: Cancelled By Insurer:
 Losses In The Past 5 Years: Number of Losses: Total Payout Amount (\$):
 Date(s) of Loss(es):
 Description of Loss(es):

VESSEL DETAILS

Year: Length: Make:
 Model: Construction: Type:
 HIN: Name/License/Registration: Insured Value:
 Max Speed (mph): Purchase Date: Purchase Price:
 Pre-existing Damage/Vessel Under Construction: Vessel Up for Sale:

PRIMARY ENGINE DETAILS

of Engines: Year: Horsepower: Make:
 Model: Fuel: Type: Value:
 Serial #(s):

ADDITIONAL EQUIPMENT DETAILS

Auxiliary Motor
 Year: Horsepower: Make: Fuel: Value:
 Serial #:
Tender
 Year: Length: Make: HIN:
 Value:
Trailer
 Year: Make: VIN: Value:

VESSEL USE, STORAGE & REGISTRATION

<u>On-Season Vessel Location</u>		<u>Off-Season Vessel Location</u>	
Method:		Method:	
City:	Province:	City:	Province:
Country:		Country:	
Marina Name:		Marina Name:	
Storage Company Name:		Storage Company Name:	
Security Details:		Security Details:	
Vessel Use:		Country of Registration:	
Primary Navigation Area:			

INCLUDED COVERAGE & LIMITS

Loss of Use:	As per Quote	Protection & Indemnity Limit:	
Personal Effects:	As per Quote	Uninsured Boater Protection Sublimit:	Included when shown on the Policy Declaration Page
Reimbursement of		Waterskiing Sublimit:	Included when shown on the Policy Declaration Page
Emergency Expenses:	As Per Quote	Medical Payments:	\$5,000

ADDITIONAL NOTES

CLIENT SIGNATURE(S) & DISCLOSURE STATEMENT

Brokerage:

Broker Name:

Insurance Effective Date:

Date:

Client Signature(s):

DISCLOSURE STATEMENT:

I UNDERSTAND THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS 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 (b) 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 recover is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this 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. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.