

PLEASURE CRAFT INSURANCE APPLICATION

CLIENT

Owner(S) _____		DOB _____		Occupation _____		Email _____	
_____		_____		_____		_____	
Operator(S) _____		DOB _____		Occupation _____		Email _____	
_____		_____		_____		_____	
Owner Address _____				Tel _____		Postal code _____	
Years of boat ownership _____		Years of boating experience _____		Years of experience with this type of boat _____			
Type and size of boats operated/owned _____						Pleasure craft operator card? Yes No	
_____						_____	
Boating Courses _____						Major traffic violations (5 yrs) Yes No	
_____						_____	
Has insurance been declined or cancelled _____			Name of current insurer _____			Losses (5 yrs) _____	
Loss: date _____		Amount _____		Description _____			
_____		_____		_____			
Loss: date _____		Amount _____		Description _____			
_____		_____		_____			

HULL & MACHINERY

Vessel: Manufacturer _____		Model _____		Serial number _____			
_____		_____		_____			
Construction year _____		Length (Ft) _____		Name _____		Last survey date _____	
_____		_____		_____		_____	
Construction material: Fiberglass Aluminum Steel Wood Fabric Fiberglass over wood Other _____							
Type: Sailboat Cruiser House Runabout Ski/Wake/Jet Fishing Pontoon Catamaran Jetski _____							
Purchase date _____		Purchase value (tax incl) _____			Insurance value requested (tax incl) _____		
_____		_____			_____		
Engine : Manufacturer _____		Year _____		Model _____		Value _____	
_____		_____		_____		_____	
Type Inboard Inboard/Outboard Outboard Jet Drive Electric Other _____		_____		_____		_____	
_____		_____		_____		_____	
HP _____		Max speed (MPH) _____		Serial number _____		Engine rebuilt? Yes No Gas/Diesel _____	
_____		_____		_____		_____	
Engine : Manufacturer _____		Year _____		Model _____		Value _____	
_____		_____		_____		_____	
Type Inboard Inboard/Outboard Outboard Jet Drive Electric Other _____		_____		_____		_____	
_____		_____		_____		_____	
HP _____		Max speed (MPH) _____		Serial number _____		Engine rebuilt? Yes No Gas/Diesel _____	
_____		_____		_____		_____	
Aux Engine : Manufacturer _____		Year _____		Model _____		Value _____	
_____		_____		_____		_____	
HP _____		Max speed (MPH) _____		Serial number _____		Engine rebuilt? Yes No _____	
_____		_____		_____		_____	
Dinghy _____		Year _____		Value _____		Included in vessel value? _____ Serial number _____	
_____		_____		_____		_____	
Trailer _____		Year _____		Value _____		Included in vessel value? _____ Serial number _____	
_____		_____		_____		_____	
Lift _____		Year _____		Value _____		Included in vessel value? _____ Serial number _____	
_____		_____		_____		_____	
Additional Equipment _____				Total value _____		Included in vessel value? Yes No	
_____				_____		_____	
Anti-theft device installed (GPS): TAG DOMINO SPOT OTHER _____		_____		_____		_____	
_____		_____		_____		_____	
Vessel use Pleasure only Commercial Live aboard Charter _____		_____		_____		_____	
_____		_____		_____		_____	
Moorage location _____				Storage location _____			
_____				_____			
On mooring buoy Yes No _____		Navigation area _____		_____		_____	
_____		_____		_____		_____	
Vessel for sale Yes No _____		Vessel stored all year Yes No _____		Vessel under construction Yes No _____		_____	
_____		_____		_____		_____	
Loss payee _____				Coverage effective date _____			
_____				_____			
Broker name _____				Tel. No. _____		Email _____	
_____				_____		_____	
Broker Signature _____				Client Signature _____		Date _____	
_____				_____		_____	

Notes

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 ma 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.