

# SMALL BOAT & YACHT APPLICATION FORM

INSURED:			REG'D OWNER:	PHONE: (BUS):	<input type="checkbox"/> QUOTE ONLY	<input type="checkbox"/> PLEASE BIND
ADDRESS:			CITY:	PROV:	(RES):	P.C:
DATE OF BIRTH:		OCCUPATION:		EMPLOYER:		
NO. OF YEARS AS OWNER OF A BOAT:		NO. OF YEARS AS OPERATOR/CREW:		INSURANCE EFFECTIVE DATE:		
PREVIOUS INSURER (THIS OR PRIOR BOATS):			POLICY NO.:		EXPIRY DATE:	
SIZE AND TYPE OF PREVIOUS BOATS:			MEMBER OF CRUISING CLUB:			
BOATING EDUCATION & COURSES:			DATE OF SURVEY:			
BOATING LOSSES IN PAST 3 YEARS (CLAIMED OR OTHERWISE – GIVE DATE AND DESCRIPTION):						
<b>COVERAGES – HULL &amp; MACHINERY</b>		MAKE:	MODEL:	YEAR:		
SERIAL#:	REGISTRATION#:	LENGTH:	BEAM:			
DATE PURCHASED:	PURCHASE PRICE:\$	REPLACEMENT COST NEW: \$	CURRENT MARKET VALUE: \$			
<b>OUTBOARD/ AUXILIARY MOTOR:*</b>		SERIAL #:	YEAR:	VALUE:\$		
<b>DINGHY:*</b>		SERIAL #:	YEAR:	VALUE:\$		
<b>DINGHY MOTOR:*</b>		SERIAL #:	YEAR:	VALUE:\$		
<b>*NOT COVERED UNLESS ITEMIZED</b>			<b>TOTAL HULL &amp; MACHINERY</b>	<b>VALUE:\$</b>	<b>PREMIUM\$</b>	
<b>ADDITIONAL PERSONAL EFFECTS</b> (to be listed separately):				<b>VALUE:\$</b>	<b>PREMIUM\$</b>	
<b>TRAILER: MAKE:</b>		SERIAL #:	YEAR:	<b>VALUE:\$</b>	<b>PREMIUM\$</b>	
<b>OPTIONAL COVERAGES:</b>					<b>PREMIUM\$</b>	
<b>LOSS PAYABLE</b>		NAME:			LIABILITY	(1,000,000) \$ INCL
		ADRESS:			LIABILITY	(2,000,000) \$
		CITY:	PROV:	POSTAL CODE:	POLICY FEE	\$35.00
<b>TOTAL PREMIUM</b>						<b>\$</b>

List all operators of the vessel*: (*Name; date of birth; years of experience; % use; <b>DRIVERS LICENCE NUMBER</b> current drivers licence)	List all auto moving traffic violations and at fault accidents per operator: (in past 3 years; date of conviction; description, Date of accident; amount paid; description; indicate if no
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1						
2						
WHERE IS BOAT MOORED?	WHERE LAID UP?	<input type="checkbox"/> ASHORE	<input type="checkbox"/> AFLOAT			
IS BOAT PERMANENTLY MOORED ON A MOORING BUOY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS BOAT USED FOR WATERSKIING? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IS YACHT TRANSPORTED OVERLAND? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW FAR?		HOW OFTEN?		
TYPE OF VESSEL: <input type="checkbox"/> SAIL BOAT <input type="checkbox"/> TRAWLER <input type="checkbox"/> CRUISER <input type="checkbox"/> HIGH PERFORMANCE <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> RUNABOUT <input type="checkbox"/> SKIBOAT <input type="checkbox"/> OTHER						
DOES YACHT HAVE: <input type="checkbox"/> SLEEPING QUARTERS <input type="checkbox"/> GALLEY <input type="checkbox"/> HEAD <input type="checkbox"/> RADAR <input type="checkbox"/> COMPASS <input type="checkbox"/> DEPTH FINDER <input type="checkbox"/> S/S RADIO <input type="checkbox"/> PROPANE LIVE ABOARD <input type="checkbox"/> YES <input type="checkbox"/> NO						
<input type="checkbox"/> LORAN <input type="checkbox"/> GPS <input type="checkbox"/> AUTOPILOT <input type="checkbox"/> VAPOUR DETECTION SYSTEM <input type="checkbox"/> BUILT IN CO <sub>2</sub> OR HALON SYSTEM <input type="checkbox"/> FIRE EXTINGUISHERS (No.)						
IS YACHT OF FIBREGLASS CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIFY:				TYPE OF FUEL: <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL MAX.SPEED:		
NO. OF ENGINES:	MANUFACTURER:	<input type="checkbox"/> INBOARD	<input type="checkbox"/> OUTBOARD	<input type="checkbox"/> I/O	<input type="checkbox"/> JET	TOTAL HORSEPOWER:
PLEASURE USE ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAVIGATIONAL LIMITS REQUESTED:				
HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON:						

**PLEASE READ BEFORE SIGNING APPLICATION:**

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

DATE:	SIGNATURE OF APPLICANT:
BROKERAGE FIRM:	SIGNATURE OF BROKER:
BROKER EMAIL:	RETURN FAX NO.:
	BROKER AGENT # :

*Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER.  
THE COMPANY IN ITS SOLE JUDGEMENT MAY ELECT TO ACCEPT OR REJECT ANY APPLICATION.**