PREMIER) marine

☐ **QUOTE only**   ☐ **BIND** (Please attach quote)   **Requested Effective Date:**   Reference #

REGISTERED OWNER APPLICANT *** (Company names also require our supplementary "Company Name Audit Form") ***

Name of **Owner #1**:	% use	DOB: (mm/dd/yyyy)	Age:
Name of **Owner #2**:	% use	DOB: (mm/dd/yyyy)	Age:

Mailing Address: City: Prov.:   Postal Code:

Are Registered owners the Main operators?   ☐ YES ☐ NO

If No, advise full name, relationship to owner, age/DOB, boating experience details of main operator and auto record and boating history:

EXPERIENCE, HISTORY and USE

	Years as a Boat Owner *	Years Driving or Operating a boat *	CPS Member	Voluntary Boating Courses	Cruising or Yacht Club member	Clear auto record? **
Owner#1			☐YES ☐NO		☐YES ☐NO	☐YES ☐NO If no, please explain:
Owner#2			☐YES ☐NO		☐YES ☐NO	☐YES ☐NO If no, please explain:

* List of Prior Boats Owned or Operated:

** Auto Record details in 3 years (Please list all Moving Traffic Violations & At Fault accidents, name/date/type, per operator or if clear):

Has Insurance ever been cancelled or declined or refused?   ☐ YES ☐ NO

   If Yes, please explain:

Is Vessel used for Recreational Private Pleasure use only?   ☐ YES ☐ NO

   If No, please explain:

Navigational limits Required (Province/Region/ or Waters where boat will be used?):

Is this boat lived aboard as a seasonal or primary residence?   ☐ YES ☐ NO

   If Yes, please explain when, how long and why:

In water Mooring location: **Layup**/Storage on land location:

How is Boat kept during boating season? (please check a box)

☐ In water tied to a Dock   ☐ In water tied to Floating Mooring Buoy or on Anchor or Raft Moored   ☐ On Land on Trailer when not in use

☐ Suspended on Private Boat Lift   ☐ Other (describe):

VESSEL DETAILS

Year: Length(ft):   Brand/Make/Manufacturer: Model:

Max Speed (mph):   *(Note: High Performance boats 60 mph and over, requires HP supplemental application)*

Hull Material: ☐ **Fiberglass** ☐ **Aluminum** ☐ **Wood** ☐ **FG over wood** ☐ **Steel** ☐ **Other (Describe)**

Propulsion Type: ☐ Jet ☐ Sail ☐ Outboard ☐ IN/Outboard /Stern Drive ☐ Inboard ☐ Other (Describe)

Horsepower each Main engine/motor: #1:   #2:   *(Note: Electric motors not accepted as main motor, only auxiliary)*

Horsepower/ Torque of Auxiliary motor(s):   #1:   #2:   *(Electric or gas motors)*

Does Vessel have All 3 of the following built in. Galley(Kitchen), Head(Bathroom) and Sleeping Quarters?   ☐ YES ☐ NO

Lienholder/Loss Payee name and address (or indicate if none):

Is this Boat Leased? *(Please Note: Leased boats do not qualify)*   ☐ YES ☐ NO

CLAIMS / LOSS HISTORY

Any Boating Losses or Claims in last 5 years?   ☐ YES ☐ NO

   If Yes, please advise Dates/Payout/Description:

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PREMIER ❯ marine

VALUATION and LIMITS of COVERAGE ($Canadian currency inclusive of tax)

Purchase Date: _____   Purchase Price of All items: $ _____   Current Market Total of all items: $ _____

Coverage Item	Detailed Description (e.g. Year, Length, Brand, Model, HP, Serial#)	Current Market Value breakdown in CAN$
VESSEL/WATERCRAFT (including Main Motor and attached electronics)	**Year:** **Length(ft):** **Brand:** **Model:** **Hull ID/HIN/serial#:** **Main Engine/motor(s)** Year: Brand: Horsepower each: / **Engine/motor serial#:**	Total hull incl. main motors value: $
Aux motor #1	Year: Brand: Hp: Serial#:	$
Aux motor #2	Year: Brand: Hp: Serial#:	$
Tender/Dinghy Boat	Year: Brand: Length: Serial#:	$
Tender/ Dinghy Motor	Year: Brand: Hp: Serial#:	$
Trailer	Year: Brand: Serial#:	$
Personal Effects (incl. $500 fishing equipment)	An automatic standard limit is included (optional upgrade max $5000)	$Std limit or $
Extra Fishing Equipment (AEE)	Limit Options: ☐ **Default $0** ☐ $2500 ☐ $5000 ☐ $7500	☐ $0 / ☐ $
Water Sport Equipment (WSE)	Limit Options: ☐ **Default $0** ☐ $2500 ☐ $5000 ☐ $7500	☐ $0 / ☐ $
P&I Liability limits requested	☐ **1 Million P&I Liability included** ☐ **Optional Upgrade 2 million P&I liability**	

Additional Comments/Coverage request:

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

PRINT NAME OF APPLICANT(S):

SIGNATURE OF APPLICANT(S):   DATE:

BROKERAGE NAME / BRANCH: BROKER PHONE/FAX:

BROKER EMAIL: SIGNATURE OF BROKER:

NOTE: Insurance is not in effect until Premier has issued a binder number. The company in its sole judgment may elect to accept or reject any application.

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).

** Email application and attachments to - newbizmarine@premiergroup.ca **
Western Region - T 604.669.5211   F 604.669.2667   Ontario & Atlantic Canada - T 519.850.1610   F 519.850.1614