

QUOTE only	Name of Owner #1:	PWC PERSONAL JET	WATERCH	AFI APPLI	CATION				rage I OI 2
Name of Owner #1:	Name of Owner #1:	☐ QUOTE only ☐ B	BIND (Please	attach quote) Requested	d Effective Date:		Referen	ice #
Name of Owner #1:	Name of Owner #1:	REGISTERED OWNER	APPLICANT	*** (Company r	names also requir	re our supplementary	"Company N	lame Audit Form") **	**
Mailing Address: City: Prov.: Postal Code:	Mailing Address: City: Prov.: Postal Code: Mailing Address: City: Prov.: Prov.: Postal Code: Mailing Address: Prov.: Prov.: Postal Code: Mailing Address: Prov.: Pro			(• •]	'				
Boat Location: Is the boat used and stored in same province as address above? YES NO If no, please explain: YES NO If no, please explain: YES NO If yes, please explain: YES NO	Boat Location: Is the boat used and stored in same province as address above? YES NO If no, please explain:	Name of Owner #2:				% use	DOB:	(dd/mm/yyyy)	Age:
Are there more than 2 Registed owners	If no, please explain:	Mailing Address:			City:	ſ	Prov.:	Pos	stal Code:
Are there more than 2 Registered owners? Yes No If yes, please explain:	Are there more than 2 Registered owners? YES NO If yes, please explain: List of Prior Solar Sowned or Operated (prior to this one): Has Insurance ever been cancelled or declined or refused? YES NO If yes, please explain: CULTENT INSURANCE OR SHISTORY Any Boating Losses or Claims in last 5 years? No currently Insured / unknown Other Company If other, Insurer Name: CLAIMS / LOSS HISTORY Any Boating Losses or Claims in last 5 years? YES NO If yes, please advise Dates/Payout/Description: OPERATOR DETAILS Name DOB 1/2 1/3 1/4 1	Boat Location: Is the boat us	sed and stored	d in same provi	nce as address	above?			☐ YES ☐ NO
If yes, please explain:	If yes, please explain: List of Prior Boats Cowned or Operated (prior to this one): Has Insurance were been cancelled or declined or refused? yes, please explain:	If no, please explain:							
List of Prior Boats Owned or Operated (prior to this one): Has Insurance over been cancelled or declined or refused?	List of Prior Boats Owned or Operated (prior to this one): Has Insurance ever been cancelled or declined or refused?	Are there more than 2 Regis	stered owners	?					☐ YES ☐ NO
Has Insurance ever been cancelled or declined or refused? Cyes, please explain: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Premier Not currently Insured / unknown Other Company If other, Insurer Name: Pres Not Not Pres Not Pres Not Pres Not Pres Not Pres	Has Insurance ever been cancelled or declined or refused?	If yes, please explain:							
CLAIMS / LOSS HISTORY Any Boating Losses or Claims in last 5 years? If yes, please advise Dates/Payout/Description: OPERATOR DETAILS Name DOB Vuse (Todat 100%) A Vears as a (Todat 100%) Boat Owner A Vears exp. as a diver/operator A Vears exp. as a A Operator Details Name DOB Vuse (Todat 100%) A Vears exp. as a Boat Owner A Operator Details Name DOB Vuse (Todat 100%) A Vears exp. as a Boat Owner A Operator Details Name DOB Vuse (Todat 100%) A Vears exp. as a Boat Owner A Operator Details No, If no, explain: Vear: Length(fit): Brand/Manufacturer: Model: Max Speed (mph): Max Speed (mph): Mar Speed (mph)	If yes, please explain:	List of Prior Boats Owned or	r Operated (pr	ior to this one):					
Current insurance on this boat:	Current insurance on this boat:								☐ YES ☐ NO
Any Boating Losses or Claims in last 5 years? YES NO If yes, please advise Dates/Payout/Description: OPERATOR DETAILS	Any Boating Losses or Claims in last 5 years? YES NO If yes, please advise Dates/Payout/Description: OPERATOR DETAILS								
YES			_	er ∐ Not cu	irrently Insured /	′unknown ∐ Oth	er Company	If other, Insure	er Name:
Tyes, please advise Dates/Payout/Description:	Tyes, please advise Dates/Payout/Description:								
OPERATOR DETAILS Name DOB % Use (Total 100%) Boat Owner I / /	OPERATOR DETAILS Name DOB	,	•						☐ YES ☐ NO
Name	Name DOB	If yes, please advise Dates/	Payout/Descri	ption:					
Name	Name DOB	ODERATOR DETAIL C							
Total 199% Boat Owner driver/operator YES NO, If no, explain:	Cotal 100% Boat Owner driver/operator YES NO, If no, explain: YES NO, If no, explain: YES NO, If no, explain: YES NO, If no, explain: YES NO, If no, explain: YES NO, If n		DOR	0/ Llos	Veere ee e	Veere eve ee e	Clear Au	to December	
/ / % YES NO, If no, explain:	Yes No, If no, explain:	Name	DOR	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Clear Au	to Record "	
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PWC PERSONAL JET WATERCRAFT APPLICATION

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LIABILITY OPTIONS						
Coverage Item	Liability Options					
P&I Protection & Indemnity Liability:	☐ \$250,000 (min.)	\$500,000	☐ \$1 million	☐ \$2 million	\$3 million	
P&S Pollution &Spill Liability:	☐ \$250,000 (min.)	☐ \$1 million	☐ \$2 million	☐ \$3 million		
NOTICE TO APPLICANT: Keeping to	his coverage affordable	requires making s	ome sensible policy	/ limitations.		
This policy excludes the following: insured property is located. There is					locked building in which the	
This Theft coverage restriction doe locked and chained to that dock, or	s not apply where the	personal water	craft is: Onboard		acht, on top of the dock whilst	
The total premium is 50% minimum	earned and retained	in the event of a	cancellation.			
Does the Applicant accept and under	stand the NOTICE TO	APPLICANT ter	ms and condition	s above?		
☐ Yes, I Accept above ☐ No, I'd like to upgrade op	tional coverage below	v where possible	•			
Optional Coverage Upgrade: Theft	Precaution Waiver Endo	rsement - TPW En	dorsement (Additio	nal Surcharge appl	lies)	
If you are opting for the Theft Precawatercraft you are applying for add model. Otherwise the basic coverage. TPW Endorsement removes the recay that a promium is 50% minimum.	itional coverage, is ed ge and requirements a quirement for theft pre	quipped with a fa above will still a ecautions mention	actory anti-theft e oply. oned above to be	electronic key/tou		
The total premium is 50% minimum Does the Applicant request the option		in the event of a	cancellation.			
☐ Yes, I Request optional TPW coverage if qualifies ☐ No						
Additional Comments/ requests:						
DECLARATION / CONSENT						
PLEASE READ BEFORE SIGNING: A claim will prejudice of the insurer or knowingly misrepresent to these facts during the term of the contract; (c) the The Applicants have reviewed all parts and attact based on the truth and completeness of this information.	ts or fails to disclose any fact he insured contravenes a ter ments of this application and	t in any part of this ap	pplication required to b commits a fraud; or (d)	e stated therein; or (b) the insured willfully m	the insured fails to inform material changes takes a false statement in respect of a claim.	
insured's representative or insurance company, sinsurance and underwriting any such policies, evacontained in this document have authorized that I	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):		D	ATE:			
BROKERAGE NAME / BRANCH:			ROKER PHONE/F	FAX:		
BROKER EMAIL:		S	IGNATURE OF BI	ROKER:		
NOTE: Insurance is not in effect until Prem	ier has issued a binder n	umber. The comp	any in its sole judg	ment may elect to a	accept or reject any application.	
Premier Marine Insurance Managers Group (V business and region - please refer to specific				nts. The underwriting	g insurance carrier varies by line of	

** Email a	pplication and attachments to	- newbizmarine@premiergroup.ca **	
Western Region - T 604.669.521	1 F 604.669.2667	Ontario & Atlantic Canada - T 519.850.1610	F 519.850.1614