

SKIPPER CHARTERED BOAT APPLICATION

Name of Owner(s): _____ Occupation: _____

Address: _____

Number of years in Charter Business: _____

HULL: Name of Boat: _____ Year Built: _____ Length: _____

Manufacturer/Builder: _____ Model: _____ Serial No. _____

Purchased (Mo/Yr): _____ from: _____ Price: \$ _____

Current Market Value: \$ _____ Estimated New Replacement Value: \$ _____

Surveyed by: _____ Date of Survey: _____

Hull Construction: Fibreglass Wood Aluminum Steel Fibreglass over Wood

Design Type: In/Out Cruiser Inboard Cruiser Sailboat or Aux. Sailboat

MOTORS:

Main Engines: Number: _____ Manufacturer: _____ H.P.: _____ Year Built: _____ Gas Diesel

Aux. Outboard Motor(s): Number: _____ Manufacturer: _____

Year Built: _____ H.P.: _____ Serial No.: _____ Current Market Value: \$ _____

Maximum Speed of vessel: _____ m.p.h.

Fire Extinguishers: Number: _____ Type: _____ Built-In System Yes No

Bilge Sensor/Alarm System Engine Oil Pressure & Temperature Alarm Fume Detector/Alarm

Heater Fuel: _____ Refrigerator Fuel: _____

Galley Stove Fuel: _____ Auxiliary Generator Fuel: _____

DINGHY/TENDER: Yes No Year Built: _____

Manufacturer: _____ Current Market Value: \$ _____

Is dinghy occasionally used as a separate pleasure craft? Yes No

Is dinghy occasionally used for watersports? Yes No

TRAILER: Year Built: _____ Manufacturer: _____

Serial #: _____ Current Market Value: \$ _____

Name of Operators	Birth Date	Years As Operator/Crew	Size & Type of Vessels Operated	Boating Education/Courses

DETAILS OF OPERATIONS: Estimated Annual Gross Receipts: \$ _____

Type of Charters: Fishing Sightseeing Others: _____

Maximum number of passengers: _____ Estimated annual number of trips/charters per year: _____

Day Charters Only: Yes No Overnight Charters: Yes No

What is the length of each charter: Days _____ Hours _____

Any cooking on board? Yes No Any alcohol allowed on board? Yes No

Please describe food/alcohol services: _____

Do passengers sign a waiver? Yes No Are tickets issued to passengers? Yes No

Please attach copies of all waivers or tickets.

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LOSS EXPERIENCE:

Have you or any operator listed had any Boating losses in the past 3 years (claimed or otherwise)? Yes No

If yes, please complete the following:

	Date of Loss	Cause	Amount
1.			
2.			
3.			

COVERAGES: Amount of Insurance Required (not to exceed current market values)

- | | | | |
|----------------------------|----------|--------------------------|----------|
| (a) Hull & Machinery | \$ _____ | (d) Tenders(s) Dinghy(s) | \$ _____ |
| (b) Protection & Indemnity | \$ _____ | (e) Trailer | \$ _____ |
| (c) Aux. Outboard Motor(s) | \$ _____ | | |

INSURANCE REQUIRED from: _____ to: _____

OPERATING AREA: Where is the vessel moored? _____

LOSS PAYEE: _____

Address: _____

PREVIOUS INSURERS: _____

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.

AGENT/BROKER: _____

EMAIL ADDRESS: _____

SIGNATURE OF OWNER: _____ **DATE:** _____

Premier Canada Assurance Managers Ltd. 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 - newbizcommercialmarine@premiergroup.ca **
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