



PLEASURE CRAFT INSURANCE APPLICATION

CLIENT					
Owner(S)	DOB	Occupation	Email		
	DOB	Occupation	Email		
Owner Address	Tel		Postal code		
Years of boat ownership	Years of boating experience	Years of experience on fishing boats			
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 (FISHING BOATS ONLY)									
Vessel: Manufacturer			Model			Serial number			
Construction year		Length (ft)		Name			Last survey date		
Construction material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Fabric <input type="checkbox"/> Fiberglass over wood <input type="checkbox"/> Other									
Purchase date			Purchase value (tax inc)			Insurance value requested (tax inc)			
Engine : Manufacturer			Year		Model		Value		
Type	<input type="checkbox"/> Inboard	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Outboard	<input type="checkbox"/> Jet Drive		<input type="checkbox"/> Electric	<input type="checkbox"/> 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	Incl in vessel value?		YES	NO	Serial No.		
Trailer	Year	Value	Incl in vessel value?		YES	NO	Serial No.		
Lift	Year	Value	Incl in vessel value?		YES	NO	Serial No.		
Additional Fishing Equipment									
Total value					Included in vessel value?		Yes	No	

Vessel use		<input type="checkbox"/> Pleasure only	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other							
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.		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.