

# Watercraft Application



1. Risk Details	
Applicant/Insured:	Broker name:
Effective date (dd/mm/yyyy):	Broker code:
Loss payable/Lienholder name and address:	

- i) Has any insurer cancelled, declined or refused to renew or issue watercraft insurance in the past 5 years? ☐ Yes ☐ No
- ii) Previous carrier name, policy number and expiry date:

2. Description of Boat(s)						
	Year	Manufacturer	Model	Serial # (Hull Identification Number)	Length	Max Speed
1.						
2.						
3.						

	Boat Type	Hull Material	Date Purchased (dd/mm/yyyy)	Waters Navigated
1.	<input type="checkbox"/> Sailboat <input type="checkbox"/> Motorboat <input type="checkbox"/> Catamaran <input type="checkbox"/> Pontoon <input type="checkbox"/> Personal Watercraft (    hp)	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fibreglass		<input type="checkbox"/> Inland <input type="checkbox"/> Coastal
2.	<input type="checkbox"/> Sailboat <input type="checkbox"/> Motorboat <input type="checkbox"/> Catamaran <input type="checkbox"/> Pontoon <input type="checkbox"/> Personal Watercraft (    hp)	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fibreglass		<input type="checkbox"/> Inland <input type="checkbox"/> Coastal
3.	<input type="checkbox"/> Sailboat <input type="checkbox"/> Motorboat <input type="checkbox"/> Catamaran <input type="checkbox"/> Pontoon <input type="checkbox"/> Personal Watercraft (    hp)	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fibreglass		<input type="checkbox"/> Inland <input type="checkbox"/> Coastal
4.	<input type="checkbox"/> Other – Specify	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fibreglass		<input type="checkbox"/> Inland <input type="checkbox"/> Coastal

- i) Is the boat equipped with cooking or heating facilities? ☐ Yes ☐ No
- ii) Is the boat registered or primarily used in the United States? ☐ Yes ☐ No
- iii) Was a marine survey completed within the last 7 years? ☐ Yes ☐ No
- iv) Will the boat be used for pleasure use only? ☐ Yes ☐ No
- v) Will the boat be used for any business, commercial or rental purposes? ☐ Yes ☐ No

3. Description of Motor(s)							
	Year	Manufacturer	Model	Serial #	Horse power	Type	Date Purchased (dd/mm/yyyy)
1.						<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard	
2.						<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard	
3.						<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard	

- i) Is the boat equipped with engines that meet capacity label requirements? ☐ Yes ☐ No

4. Description of Trailer(s)					
	Year	Manufacturer	Model	Serial #	Date Purchased (dd/mm/yyyy)
1.					
2.					
3.					

5. Operator(s) Information						
	Name	Date of Birth (dd/mm/yyyy)	Years Boating Experience	Boat Licence No.	Automobile Driver's Licence No.	Boating Courses Taken
1.						
2.						
3.						

i) Is the principal operator an active member of the Canadian Power and Sail Squadron? ☐ Yes ☐ No

6. Loss and Conviction History				
Provide details of any boat losses within the past 5 years and list any automobile convictions within the past 3 years.				
	Name	Date of Loss / Conviction (dd/mm/yyyy)	Description of Loss / Conviction	Paid Amount for Losses only
1.				
2.				
3.				

7. Coverage and Premium			
Coverage	Watercraft 1	Watercraft 2	Watercraft 3
Type	<input type="checkbox"/> All Risk	<input type="checkbox"/> All Risk	<input type="checkbox"/> All Risk
Deductible*	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000

\*Higher Deductibles may be applied by Underwriter based on the value of boat

Amount of Insurance (Current Market Value)						Premium			
	Boat	Motor	Trailer	Equip- ment	Total	Liability Limits	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	Physical Damage	Total
1.									
2.									
3.									

8. Disclosure and Signature	
<p>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 recovery is forfeited.</p> <p>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.</p> <p>I have provided personal information in this document and otherwise and I may in the future provide further personal information. I authorize my broker or insurance company to collect, use and disclose or verify any personal information using recognized organizations, as necessary, 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. Some of this personal information may include, but is not limited to, my credit information and claims history. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.</p>	
Signature of Applicant/Insured	Date (dd/mm/yyyy)
Signature of Broker	Date (dd/mm/yyyy)