



Pleasurecraft Application (Boats)

Name: _____ Date of Birth: _____ Phone: _____ Occupation: _____

Mailing Address: _____ City: _____ Postal Code: _____

Years as Owner: _____ Years as Operator: _____ Power Squadron: YES NO Pleasurecraft Operator Card: YES NO

Other Operators: _____ Age: _____ Pleasurecraft Operator Card: YES NO

List all accidents or claims in the past five years: Date / Amount / Details _____

Any Criminal Code charges or convictions related to driving / boating: YES NO If yes, describe: _____

Previous Insurer: _____ Coverage effective: _____

Loss Payable (full address): _____

DETAILS OF VESSEL:

Vessel Type: In/Outboard Outboard Inboard Sailboat Jet Drive Houseboat Pontoon Inflatable Other: _____

Hull Type: Fibreglass Wood Plywood F/G Over Wood Steel Aluminum Other: _____

Description	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Auxiliary)					
Tender					
Trailer					
Other					

Fuel _____ Stove Type: _____ Fridge Type: _____

Max. Speed (mph) _____ Liveaboard: YES NO Pleasure Use Only: YES NO Describe: _____

Surveyed (please attach): YES NO When: _____ Surveyor: _____

Where principally used (be specific): _____ Moored: YES NO Location: _____

Where laid up (land storage): _____ Security Measures (Describe) _____

Type of Anti-Theft Device used _____

Purchased in: CAN USA Coverage for transit from US required? YES NO From Where: _____

	Original Purchase Price	Current Market Value	Deductible / Rate
HULL & MACHINERY	_____	_____	_____
OUTBOARD ENGINE	_____	_____	_____
AUX. ENGINE	_____	_____	_____
DINGHY / TENDER	_____	_____	_____
TRAILER / BOATHOUSE	_____	_____	_____
PERSONAL EFFECTS	_____	_____	_____
PROTECTION & INDEMNITY	_____	_____	_____

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk. The applicants agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal, extension, variation or cancellation thereof.

PREMIUM IS FULLY EARNED – MINIMUM ANNUAL RETAINED (Unless Watercraft is sold)

DATE: _____
 AGENT: _____
 AGENCY: _____
 Fax: _____
 PHONE: _____

SIGNATURE: _____
 (of Applicant)
 BROKER EMAIL: _____