



**PWC Application (Jetski's, Seadoo's, etc.)**

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   
 \_\_\_\_\_ 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 THE UNIT:**

Description	Year	Make	Model	Max speed	Length / HP	Serial Number
PWC						
PWC						
PWC						
TRAILER						
OTHER						

Pleasure Use Only: YES  NO  Describe: \_\_\_\_\_

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: \_\_\_\_\_

	Purchase Date	Original Purchase Price	Current Market Value	Deductible
PWC				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
PWC				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
PWC				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
TRAILER				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000

**\$1,000,000 Liability Included / Stand Alone Liability Available**

The applicants agree that reports containing personal , credit, factual record, premium payment or claims history information 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: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(of Applicant)

AGENT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

FAX: \_\_\_\_\_

PHONE: \_\_\_\_\_

BROKER EMAIL: \_\_\_\_\_