



Boat Rental Application Small Vessels (Runabouts/PWC's/Sailing Dinghys)

Applicant Name: _____

Mailing Address: _____

Number of years in business: _____

Additional related experience operating similar or other businesses:

Principal's personal experience operating vessels: _____

Describe permit or license obtained for the vessel(s) in order to conduct this business: _____

Usual Operating Season: _____

Annual Gross Receipts: _____

Number of rentals per year: _____

Loss history for this business, past 5 years (provide date of loss, description, amount paid): _____

Indicate typical duration of rental period (ie. day only or overnights): _____

Any waterskiing: Yes No

Any water toy use: Yes No

Describe water toys if applicable: _____

Are Vessels Trailered? Yes No By Owner By Renter

If yes, describe area trailered in: _____ Maximum Miles: _____

What waters are the vessels operated in? _____

Usual moorage location: _____

Security measures: _____

Are vessels laid up over the winter: Yes No If yes, provide Legal address for off-season storage

Off Season Location:(will be shown on the declaration page) _____

describe security measures against theft & fire protection: _____

Are the vessels winterized: Yes No

Attach completed **SUPPLEMENTARY SAFETY QUESTIONNAIRE**. Please ensure ALL questions are answered in full.

Is a liability waiver in use: Yes No

If yes, please attach copy of waiver and/or rental agreement

Prior Insurance: _____

Policy No.: _____ Expiry Date: _____

Have you ever been cancelled by an insurance company? Yes No

If yes, advise why: _____



Watercraft Schedule:

DETAILS OF VESSEL: #

Vessel Type In/Outboard Outboard Inboard Jet Drive Max Speed: _____

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

	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Aux.)					
Trailer					

Current Values:

Hull: \$ _____ Main Motor: \$ _____ Aux. Motor: _____ Trailer: _____

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Insurance Coverage's Required	Total Values	Rate	Premium
Hull & Machinery (total of all vessels)	\$		
Protection & Indemnity: for each vessel	\$		
Total # of Watercraft to be insured?	#		

Date: _____

Brokerage: _____

Address: _____

Agents Signature: _____

EMAIL: _____

PHONE #: _____ **FAX:** _____

Applicant's Signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.



SUPPLEMENTARY SAFETY QUESTIONNAIRE

Applicant Name: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

YES

NO

1. Do you have a written safety and procedure manual? YES NO
2. a. Do you have a process check list to be followed by all the staff? YES NO
b. If yes please attach a copy of the check list.
3. Do you keep a log or journal to record any incidents? YES NO
4. a. Do you conduct pre activity briefing with participants? YES NO
b. Describe in detail: _____

5. a. Have you or would you decline someone from renting a vessel? YES NO
b. If so for what reason, please describe: _____

6. Do vessels carry communication devices on them? YES NO
If so, describe and if not, explain why not: _____

7. What is the maximum number of passengers allowed per vessel? _____
8. What is the age limitations for participants? _____
9. Does this activity require any special safety equipment? YES NO
If so, please describe: _____

10. Are all participants required to use the equipment described in question 9? YES NO
11. a. Are Personal Floating Devices (PFDs) provided to all participants? YES NO
12. a. Do you provide and/or allow water toys? YES NO
b. Water skis? YES NO
13. Do you enforce an alcoholic beverage restriction? YES NO
14. Do you prescreen participants for ability and prior experience? YES NO
15. Describe in detail your screening process (to ensure all operators qualify to operate vessel) _____

APPLICANT'S SIGNATURE: _____

By signing this questionnaire the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, broker or their representatives to verify that the above information contained in this application is true.