



Fly Board Application

Applicants Name: _____

Mailing Address: _____

Number of years in business: _____

Additional related experience a/o certification: _____

Type of operations: Lesson's Rentals Sales

Annual Gross Receipts: \$ _____

Number of rentals per year? _____ Indicate typical duration of Lessons / Rentals per client: _____

Are Flyboards/Jet Packs operated in a designated closed off area? Yes No

Will there be an instructor on the PWC during Fly Board use? Yes No

Are Students required to wear Helmets and life jackets at all times? Yes No

What is the minimum depth of the operating area?: _____

Maximum number of Fly Boards permitted to be operated in the designated area at any one time? _____

Minimum customers age? _____

Describe orientation and safety procedures given to students prior to operation of the Fly Board: _____

Where are the Fly Boards/ Jet Packs Stored when not in use each day? _____

What security measures are taken to prevent theft? _____

What waters are the Fly Boards operate in: _____

Usual operating Season: _____

Lay-up period: _____

Provide address where the Fly Boards will be stored in the off season _____

Security measures: _____

Previous insurance company: _____ Policy No. _____

Renewal Premium: \$ _____ Expiry Date: _____

Ever been cancelled by an Insurance Company: Yes No

If yes please advise why: _____

Do you have a commercial general liability policy in force?: Yes No

Insurer: _____ Policy No.: _____

A Liability Waiver is Mandatory, Please provide a copy along with this Application for underwriter review.



Instructor Questionnaire

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

NAME OF INSTRUCTOR: _____

ADDRESS: _____

DATE OF BIRTH: _____

HOW LONG HAVE YOU BEEN INSTRUCTING/OPERATING FLYBOARD'S? _____

CERTIFICATES/QUALIFICATIONS HELD: _____

CLAIMS/LOSS RECORD: HAS THE INSTRUCTOR HAD ANY CLAIMS OR LOSSES DURING THE LAST 5 YEARS IN RELATION TO WATERCRAFT WHETHER INSURED OR NOT YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING: (WRITE ON BACK IF NECESSARY)

YEAR	DETAILS OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES/TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT: IF SO, GIVE BRIEF DETAILS INCLUDING DATE, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO IT'S ACCEPTANCE.

DATE: _____ SIGNATURE: _____