



Jet Surf Application

Applicants Name: _____

Mailing Address: _____

Number of years in business: _____

Additional related experience a/o certification: _____

Jet Surf operation Lesson's Rentals Sales

Annual Gross Receipts: \$ _____

Indicate typical duration of Lessons / Rentals: _____

Are Jet Surfs operated in a closed course? Yes No

Will there be any operations outside of the closed course? Yes No

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

Maximum number of students per Instructor?: _____

Maximum number of Jet Surf's permitted to be operated in the closed course at any one time? _____

Maximum number of students or rentals in closed course at any one time?: _____

Describe orientation and safety procedures given to students prior to surfing: _____

Where are the Jet Surf Boards Stored when not in use each day? _____

What security measures are taken to prevent theft? _____

What waters are the Jet Surfs operate in: _____

Usual operating Season: _____

Lay-up period: _____

Provide address where the Jet Surf's 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.: _____

Additional Requirements:

- Liability Waiver is mandatory for this adventure sport, please provide a copy with this application
- Completed Instructor Questionnaire for all Instructors, see page 3 of this application.
- Please provide a copy of clients Safety Procedures and Process check list.



Jet Surf Schedule:

Year	Make	Serial Number	Insured Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Insurance Coverage's Required	Total Values	Rate	Premium
Hull & Machinery total of all Jet Surf's	\$		
Protection & Indemnity: for each vessel	\$1M \$2M		
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



Instructor Questionnaire

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

1. NAME OF INSTRUCTOR: _____
2. ADDRESS: _____
3. DATE OF BIRTH: _____
4. HOW LONG HAVE YOU BEEN OPERATING A JET SURF? _____
5. WHERE DID YOU RECEIVE YOUR TRAINING FOR TEACHING JET SURFING? _____
6. DO YOU HAVE AN CERTIFICATES? _____
7. 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

8. 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.

9. 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: _____