



Water Taxi Application

Applicants Name: _____

Mailing Address: _____

Number of years operating water taxi: _____

Describe previous experience with similar operation or any other additional related experience: _____

Loss history for this business (5 years): _____

Describe area of operation including waters the vessel is operated in: _____

Is the water taxi service a set route between two points? Yes No

If yes, advise two points: _____

If no, describe typical routes: _____

Where is the vessel moored: _____

Is vessel laid up over winter: Yes No

If yes, describe storage arrangements: _____

Annual Gross Receipts: \$ _____

Average number of trips per week: _____ Indicate typical length of trip (kms): _____

Number of passengers on board any one voyage: _____

Are all passengers required to wear life jackets whilst on board: Yes No

Describe safety equipment on board: _____

Describe any services offered on board: _____

Is cargo or freight carried on board: Yes No

Average value per voyage: \$ _____ Maximum value at any one time: \$ _____

Number of crew on board any one voyage: _____

Are the vessel's crew covered by Workers' Compensation? Yes No

All vessel operators' names, date of birth, experience, and claims history (past 5 years):

- _____
- _____

Describe permit or license obtained for each vessel in order to conduct this business: _____

Previous Insurer: _____

Policy No.: _____ Expiry Date: _____

Ever been cancelled by an Insurer: Yes No

If yes, please advise why: _____



Watercraft Schedule:

DETAILS OF VESSEL: #

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

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