



Workboat Application

Applicants Name: _____

Mailing Address: _____

Describe the nature of the business: _____

Provide full description of the use for each vessel: _____

Number of years in business: _____

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

Have you had any claims or losses in the past 5 years? If so, please provide details: _____

Have you been involved in any major losses at any time? If so, please provide details: _____

Describe area of operation: _____

Where is each vessel moored: _____

Is vessel laid up over winter: Yes No

Describe storage arrangements: _____

Annual Gross Receipts: \$ _____

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

Number of crew on board any one voyage: _____

Number of passengers on board any one voyage: _____

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

Are the passengers covered by Workers' Compensation? Yes No

* Please complete and attach a **VESSEL OPERATOR'S QUESTIONNAIRE** for all vessel operators

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

Previous Insurer: _____

Policy No.: _____ Expiry Date: _____

Ever 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: _____

DETAILS OF VESSEL: #

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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



Vessel Operator Questionnaire

TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION:

1. NAME OF OPERATOR: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____ 4. HOW LONG HAVE YOU BEEN OPERATING? _____
5. CERTIFICATES/QUALIFICATIONS HELD: _____

6. DETAILS OF PREVIOUS VESSELS OWNED/SKIPPERED/CREWED ON IN THE LAST 5 YEARS:

(USE SEPARATE SHEET IF REQUIRED)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

- 7. CLAIMS/LOSS RECORD: HAS THE OWNER/SKIPPER HAD ANY CLAIMS OR LOSSES DURING THE LAST 5 YEARS ON ALL VESSELS OPERATED, 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:** _____