



PWC Application (Jetski's, Seadoo's, etc.)

Name: _____ Date of Birth: _____ Phone: _____ Occupation: _____

Mailing Address: _____ City: _____ Postal Code: _____

Years as Owner: _____ Years as Operator: _____ Power Squadron: YES NO Pleasurecraft Operator Card: YES NO

Other Operators: _____ Age: _____ Pleasurecraft Operator Card: YES NO
 _____ Age: _____ Pleasurecraft Operator Card: YES NO

List all accidents or claims in the past five years: Date / Amount / Details _____

Any Criminal Code charges or convictions related to driving / boating: YES NO If yes, describe: _____

Previous Insurer: _____ Coverage effective: _____

Loss Payable (full address): _____

DETAILS OF THE UNIT:

Description	Year	Make	Model	Max speed	Length / HP	Serial Number
PWC						
PWC						
PWC						
TRAILER						
OTHER						

Pleasure Use Only: YES NO Describe: _____

Where principally used (be specific): _____ Moored: YES NO Location: _____

Where laid up (land storage): _____ Security Measures (Describe) _____
 Type of Anti-Theft Device used _____

Purchased in: CAN USA Coverage for transit from US required? YES NO From Where: _____

	Purchase Date	Original Purchase Price	Current Market Value	Deductible
PWC				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
PWC				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
PWC				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
TRAILER				<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000

\$1,000,000 Liability Included / Stand Alone Liability Available

The applicants agree that reports containing personal , credit, factual record, premium payment or claims history information may be sought or exchanged in connection with this application for insurance or renewal, extension, variation or cancellation thereof.

PREMIUM IS FULLY EARNED - MINIMUM ANNUAL RETAINED (Unless Watercraft is sold)

DATE: _____

SIGNATURE: _____
(of Applicant)

AGENT: _____

AGENCY: _____

FAX: _____

PHONE: _____

BROKER EMAIL: _____