



MARINE INSURANCE APPLICATION

1. REGISTERED/TITLED OWNER'S FULL NAME AND POSTAL ADDRESS	BROKER	
	NAME	
	ADDRESS/OFFICE	
POSTAL CODE	BROKER CODE	PHONE NUMBER

2. POLICY PERIOD		
EFFECTIVE DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	EXPIRY DATE AT 12:01 AM
All times are local times at the applicant's postal address stated herein		

3. LIENHOLDER
LOSS, IF ANY, PAYABLE TO
FULL MAILING ADDRESS

4. PRINCIPAL OPERATOR EXPERIENCE				
NAME Attach separate list for additional operators	DATE OF BIRTH	VESSEL TYPE(S) Attach separate list for additional vessels	YRS OPERATING VESSELS OF SIMILAR SIZE & TYPE TO THE VESSEL BEING INSURED	BOATING COURSE(S) / OPERATOR CARD # Attach copies of certificates / memberships
1.	1.			
2.	2.			

5. PREVIOUS INSURANCE	
PRESENT / PREVIOUS WATERCRAFT INSURER	PRESENT / PREVIOUS WATERCRAFT INSURER POLICY #
IN THE LAST 5 YEARS, HAS THE APPLICANT / PRINCIPAL OPERATOR HAD ANY WATERCRAFT INSURANCE CLAIMS DENIED, BEEN DECLINED FOR WATERCRAFT INSURANCE, AND/OR BEEN CANCELLED OR NON-RENEWED BY AN INSURER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS THE APPLICANT / PRINCIPAL OPERATOR EVER BEEN CONVICTED OF FRAUD WITH RESPECT TO ANY INSURANCE COVERAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. CLAIMS & CONVICTIONS		
GIVE PARTICULARS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY WATERCRAFT DURING THE PAST SIX YEARS. (Check if NO claims for all operators <input type="checkbox"/>)		
OPERATOR	DATE	DETAILS
OPERATOR	DATE	DETAILS
HAS THE APPLICANT / PRINCIPAL OPERATOR HAD ANY SERIOUS / CRIMINAL CODE TRAFFIC CONVICTIONS IN THE PAST 3 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS THE APPLICANT / PRINCIPAL OPERATOR HAD ANY DRIVER'S LICENCE SUSPENSIONS IN THE PAST 3 YEARS THAT YOU ARE AWARE OF? <input type="checkbox"/> Yes <input type="checkbox"/> No		

7. VESSEL DESCRIPTION					
YEAR		MANUFACTURER		MODEL	
LENGTH OVERALL		TRANSPORT CANADA REGISTRATION #		SERIAL #	
<input type="checkbox"/> BASS BOAT	<input type="checkbox"/> CRUISER	<input type="checkbox"/> DECK BOAT	<input type="checkbox"/> FISHING BOAT	<input type="checkbox"/> HOUSE BOAT	<input type="checkbox"/> JET BOAT
<input type="checkbox"/> PONTOON	<input type="checkbox"/> PWC	<input type="checkbox"/> RUNABOUT	<input type="checkbox"/> SAILBOAT	<input type="checkbox"/> SKI BOAT	OTHER
<input type="checkbox"/> FIBERGLASS HULL		<input type="checkbox"/> ALUMINUM HULL		OTHER HULL	
<input type="checkbox"/> OUTBOARD MOTOR		<input type="checkbox"/> INBOARD MOTOR		<input type="checkbox"/> INBOARD/OUTBOARD MOTOR	
<input type="checkbox"/> GAS		<input type="checkbox"/> DIESEL		<input type="checkbox"/> ELECTRIC	
<input type="checkbox"/> JET DRIVE MOTOR			OTHER		
YEAR & MANUFACTURER			SERIAL #		
HORSEPOWER PER ENGINE			ESTIMATED MAXIMUM SPEED (MPH)		

8. TRAILERS AND ACCESSORIES					
1.	<input type="checkbox"/> TRAILER	<input type="checkbox"/> OUTBOARD MOTOR	<input type="checkbox"/> TENDER	<input type="checkbox"/> AUXILIARY MOTOR	<input type="checkbox"/> SAILBOAT CRADLE
	MANUFACTURER	YEAR	SERIAL #	HP/LENGTH	VALUE \$
2.	<input type="checkbox"/> TRAILER	<input type="checkbox"/> OUTBOARD MOTOR	<input type="checkbox"/> TENDER	<input type="checkbox"/> AUXILIARY MOTOR	<input type="checkbox"/> SAILBOAT CRADLE
	MANUFACTURER	YEAR	SERIAL #	HP/LENGTH	VALUE \$
3.	<input type="checkbox"/> TRAILER	<input type="checkbox"/> OUTBOARD MOTOR	<input type="checkbox"/> TENDER	<input type="checkbox"/> AUXILIARY MOTOR	<input type="checkbox"/> SAILBOAT CRADLE
	MANUFACTURER	YEAR	SERIAL #	HP/LENGTH	VALUE \$

9. GENERAL INFORMATION			YES	NO
1.	IS THE BOAT CHARTERED OR RENTED TO OTHERS? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
2.	IS THE BOAT USED TO CARRY PASSENGERS OR CARGO FOR COMPENSATION, OR FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSE? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
3.	DOES THE APPLICANT EMPLOY A PAID CREW? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
4.	IS THE BOAT USED FOR RACING? (NOT APPLICABLE TO SAILBOATS) IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
5.	DOES THE VESSEL HAVE ANY EXISTING OR UNREPAIRED DAMAGE? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
6.	HAS THE VESSEL BEEN MODIFIED FROM THE ORIGINAL DESIGN OR SPECIFICATIONS? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
7.	WILL THE WATERCRAFT BE USED IN ATLANTIC/PACIFIC COASTAL WATERS?		<input type="checkbox"/>	<input type="checkbox"/>
8.	IS THE VESSEL OPERATED SOUTH OF THE 40TH PARALLEL AT ANY TIME? IF 'YES', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
9.	IS THE VESSEL LAYED UP OUT OF WATER FROM NOVEMBER 30 TO APRIL 1 EVERY YEAR? IF 'NO', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
10.	HAVE ALL BOAT SAFETY REQUIREMENTS BEEN MET AS REQUIRED BY LAW (i.e. LIFE JACKETS, ETC.)? IF 'NO', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
11.	IF THE BOAT IS EQUIPPED WITH A PROPANE OR NATURAL GAS HEATER OR REFRIGERATOR, IS THE PROPANE/NATURAL GAS SYSTEM SHUT OFF AT THE MANUALLY OPERATED SHUTOFF VALVE ON THE CYLINDER AT ALL TIMES WHEN THE VESSEL IS LEFT UNATTENDED FOR MORE THAN 14 CONSECUTIVE DAYS? IF 'NO', COMPANY APPROVAL IS REQUIRED BEFORE BINDING.		<input type="checkbox"/>	<input type="checkbox"/>
12.	DATE OF LAST WATERCRAFT SURVEY (IF APPLICABLE):			

10. COVERAGE, LIMITS & PREMIUM			
COVERAGE TYPE:			
WATERCRAFT (INCLUDING NAVIGATIONAL EQUIPMENT, ACCESSORIES, TRAILERS / CRADLES)	LIMIT \$	DEDUCTIBLE \$	PREMIUM \$
NAVIGATIONAL EQUIPMENT	LIMIT \$ INCL	DEDUCTIBLE \$	PREMIUM \$ INCL
LIABILITY	LIMIT \$		PREMIUM \$
TRAILER / CRADLE	LIMIT \$ INCL	DEDUCTIBLE \$	PREMIUM \$ INCL
PERSONAL EFFECTS	LIMIT \$	DEDUCTIBLE \$	PREMIUM \$
ENDORSEMENTS			TOTAL ENDORSEMENTS PREMIUM \$
			TOTAL ESTIMATED POLICY PREMIUM \$
			PROVINCIAL SALES TAX (IF APPLICABLE) \$
			TOTAL ESTIMATED COST \$

11.				
REMARKS:			ATTACHMENTS (IF REQUIRED):	
			<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> TRAINING CERTIFICATES
			<input type="checkbox"/> SURVEY/INSPECTION	<input type="checkbox"/> OTHER

12 (A). FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

- **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.
- **For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.
- **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

The information in this Application forms the basis on which your contract of Watercraft Insurance will be issued and rated. If any information changes at any time in the future with respect to any statement or representation you have made, it is considered material and must be reported to us immediately. Failure to do so may result in your claim being denied or your policy becoming void from the date of such change.

12 (B). PERSONAL INFORMATION CONSENT

For all provinces and territories: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.
The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

13. BROKER / AGENT

IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?	HAVE YOU BOUND THIS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	
BROKER / AGENT EMAIL ADDRESS	DATE	