



## MARINE INSURANCE APPLICATION

NAMED INSURED: _____		HOME PHONE: _____	FAX: _____			
ADDRESS: _____		PROVINCE: _____	POSTAL CODE: _____			
EMAIL ADDRESS: _____		MOBILE PHONE: _____	WORK PHONE: _____			
<input type="checkbox"/> NEW POLICY <input type="checkbox"/> POLICY RENEWAL   CURRENT POLICY EXPIRY: _____		HOW DID YOU HEAR ABOUT AIR1? _____				
CURRENT BROKER: _____	YEARS WITH: _____	CURRENT UNDERWRITER: _____	YEARS WITH: _____			
I would also like to receive a quote for the following:		<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> Farm	<input type="checkbox"/> Aviation	<input type="checkbox"/> Other
Expiry Dates:		,20__	,20__	,20__	,20__	,20__

### EXPERIENCE AND USE

NUMBER OF YEARS AS OWNER: _____		NUMBER OF YEARS AS OPERATOR: _____			
SIZE AND TYPE OF PREVIOUS BOATS:	1) _____				
	2) _____				
	3) _____				
HAS ANY WATERCRAFT INSURANCE EVER BEEN DECLINED OR CANCELLED?		<input type="checkbox"/> YES    IF YES, PLEASE PROVIDE <input type="checkbox"/> NO      DETAILS: _____			

### WATERS NORMALLY NAVIGATED:

WHERE IS THE BOAT MOORED: _____	OFF-SEASON, WHERE IS THE BOAT MOORED: _____	<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	
IS BOAT TRANSPORTED OVER LAND: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW FAR: _____	HOW OFTEN: _____	

NAME OF OWNER(S) & OPERATOR(S)	DATE OF BIRTH (DD/MM/YYYY)	EXPERIENCE (YEARS)	% OF USE	AUTOMOBILE DRIVERS LICENSE #	BOATING COURSE PASSED	OPERATOR CERTIFICATE #	DATE PASSED (DD/MM/YYYY)
	/ /						/ /
	/ /						/ /
	/ /						/ /
	/ /						/ /

DO ANY OF THE OPERATORS HAVE ANY MOTOR VEHICLE TRAFFIC CONVICTIONS OR AT-FAULT ACCIDENTS IN THE PAST 3 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE DETAILS PER OPERATOR: _____

HAVE ANY OF THE OPERATORS HAD THEIR DRIVERS LICENSE SUSPENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE DETAILS PER OPERATOR: _____

### HULL DESCRIPTION

YEAR	MAKE	MODEL	LENGTH	SERIAL NUMBER	MAXIMUM SPEED
TYPE:	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> SAILBOAT <input type="checkbox"/> OTHER (DESCRIBE): _____		HULL MATERIAL:	<input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER (DESCRIBE): _____ <input type="checkbox"/> RUNABOUT <input type="checkbox"/> CUDDY CRUISER <input type="checkbox"/> FIBREGLASS	



**MACHINERY DESCRIPTION**

MOTOR:	<input type="checkbox"/> INBOARD	<input type="checkbox"/> INBOARD/OUTBOARD	<input type="checkbox"/> TOTAL H.P.:	FUEL TYPE:	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> OTHER (DESCRIBE):
	<input type="checkbox"/> OUTBOARD	<input type="checkbox"/> JET			<input type="checkbox"/> DIESEL	
APPLIANCES:	APPLIANCE FUEL:			ADDITIONAL EQUIPMENT:		
<input type="checkbox"/> STOVE				<input type="checkbox"/> VHF RADIO	<input type="checkbox"/> DEPTH FINDER	
<input type="checkbox"/> FURNACE HEATER				<input type="checkbox"/> RADAR	<input type="checkbox"/> BUILT-IN CO2 OR HALON	
<input type="checkbox"/> REFRIDGERATOR				<input type="checkbox"/> LORAN	<input type="checkbox"/> VAPOUR DETECTION	
<input type="checkbox"/> GENERATORS				<input type="checkbox"/> SONAR	<input type="checkbox"/> FIRE EXTINGUISHERS	
<input type="checkbox"/> OTHER:				<input type="checkbox"/> GPS	<input type="checkbox"/> OTHER:	

**AMOUNT OF INSURANCE**

<input type="checkbox"/> ALL RISKS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST – 5 MODEL YEARS OR NEWER ONLY				
<b>1. HULL AND MACHINERY:</b> (INCLUDING OUTBOARD MOTORS USED AS PRIMARY PROPULSION, ELECTRONIC EQUIPMENT AND OTHER EQUIPMENT)			<b>AMOUNT OF INSURANCE</b>	<b>PREMIUM</b>
BOAT:	DATE OF PURCHASE:	REPLACEMENT COST NEW:	\$	
	PURCHASE PRICE:	CURRENT MARKET VALUE:		
MOTOR:	MAKE:	YEAR:	\$	
	SERIAL NUMBER:			
<b>TOTAL BOAT AND MOTOR:</b>			\$	\$
<b>2. DINGHY:</b>				
	MAKE:	YEAR:	\$	\$
	SERIAL NUMBER:	LENGTH:		
<b>3. AUXILIARY OUTBOARD MOTOR:</b> (ANY LISTED OUTBOARD NOT USED AS PRIMARY PROPULSION I.E. ATTACHED TO DINGHY)				
	MAKE:	YEAR:	\$	\$
	SERIAL NUMBER:			
<b>4. TRAILER:</b>				
	MAKE:	YEAR:	\$	
	SERIAL NUMBER:			
<b>5. OPTIONAL COVERAGES:</b>				
	<input type="checkbox"/> AUXILIARY EQUIPMENT (DESCRIBE):		\$	\$
	<input type="checkbox"/> PERSONAL PROPERTY:		\$	\$
	<input type="checkbox"/> ENHANCED REPLACEMENT COST - DATE OF PURCHASE: (ATTACH BILL OF SALE)			\$
<b>6. DISCOUNT:</b>				
	<input type="checkbox"/> CANADIAN POWER AND SAIL SQUADRON (ATTACH COPY OF CERTIFICATE)			\$
	<input type="checkbox"/> SUPPORTED BUSINESS			\$
<b>7. WATERCRAFT LIABILITY:</b>				
	<input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> OTHER:			\$
<b>TOTAL PREMIUM:</b>			\$	\$

**LOSS PAYEE**

<b>INSTITUTION:</b>	<b>MAILING ADDRESS (NO. AND STREET):</b>	<b>PROVINCE:</b>	<b>POSTAL CODE:</b>

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE (DD/MM/YYYY):</b>