



#103 8411 200th Street, Langley, BC V2Y 0E7 Telephone (604) 888-0050 Fax (604) 888-1008

QUOTE ONLY
 PLEASE BIND

MARINE APPLICATION

Brokerage: _____ Broker: _____
 Phone: _____ Fax: _____ Email: _____

INSURED INFORMATION:

Applicant Name: _____ Date of Birth: _____
 Mailing Address (in full): _____
 Total years experience with this vessel or similar craft: _____ Years as Owner: _____
 Boating Education & courses: _____
 State full particulars of all accidents and losses sustained by vessels owned or operated by applicant in past five years:

List all auto moving traffic violations, at fault accidents and criminal convictions with details per operator in the past three years:

Previous Insurer: _____ Policy Number: _____ Expiry Date: _____
 Policy ever cancelled or declined? _____ If yes, please advise: _____

VESSEL INFORMATION:

Type of Vessel: Ski Boat High Performance Pontoon Sailboat Cruiser Trawler Runabout Catamaran
 Jet Boat River Boat PWC Inflatable Other _____
 Motor Type: Inboard Outboard I/O Jet Maximum Speed (MPH): _____
 Vessel Construction (Please check one): Fiberglass Wood Aluminum Ferro-Cement Steel Other: _____
 Does vessel have (Check all that apply): Sleeping Quarters Galley Head Radar Compass Depth Finder S/S Radio
 Loran GPS Autopilot Vapour Detection System Anti-Theft Device Fire Extinguishers Number: _____
 Fuel Type: Gas Diesel Liveboard? Yes No Propane Fridge or Stove? Yes No

	Make	Model	Year	Length/Horsepower	Serial Number
Hull					
Main Motor					
Aux Motor					
Tender					
Trailer					
Other					

Intended Navigation Areas: _____
 Use of Vessel: Waterskiing Private Pleasure Chartering Other If 'Chartering' or 'Other' provide details on separate page.
 Does the vessel participate in overnight races? Yes No Is the vessel single handed? (vessels over 26') Yes No
 Additional Operators (advise of any driving convictions and at fault accidents): _____
 Loss Payable: _____
 Boat Moored/Stored at: _____

BOAT AND MAIN MOTOR:

Date Purchased: _____ Is vessel Canadian or US registered? _____
 Purchase Price: \$ _____ Est. Replacement Cost New: \$ _____ Present Market Value: \$ _____
 Auxiliary Motor Value 1): \$ _____ Auxiliary Motor Value 2): \$ _____
 Tender Value: \$ _____ Trailer Value: \$ _____ Other: _____
 Additional Comments or Requests: _____

The information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.

Date: _____ Signature of Applicant: _____