

NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

FORWARD THIS FORM TO: (name of the person you are sending this form to) \_\_\_\_\_



# Premier Marine Insurance – PWC Pac Application Form

QUOTE ONLY  PLEASE BIND

INSURED/OPERATOR: \_\_\_\_\_ REG'D OWNER: \_\_\_\_\_ PHONE: (BUS): \_\_\_\_\_ (RES): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_ P.C.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BOATING EXPERIENCE: \_\_\_\_\_ BOATING EDUCATION (COURSES): \_\_\_\_\_

PREVIOUS INSURER (THIS OR PRIOR BOATS): \_\_\_\_\_ POLICY NO.: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

BOATING LOSSES IN PAST 3 YEARS (CLAIMED OR OTHERWISE - GIVE DATE AND DESCRIPTION): \_\_\_\_\_

DRIVING RECORD LAST 3 YEARS, LICENSE#: \_\_\_\_\_ INSURANCE EFFECTIVE DATE: \_\_\_\_\_

HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED?  NO  YES REASON: \_\_\_\_\_ PLEASURE USE ONLY?  YES  NO

**COVERAGES - HULL & MACHINERY** MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

SERIAL #: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_ MODIFICATIONS: (Y OR N) \_\_\_\_\_ MAX. SPEED/HORSEPOWER: \_\_\_\_\_

DATE PURCHASED:	PURCHASE PRICE: \$	REPLACEMENT COST NEW: \$	CURRENT MARKET VALUE: \$	PREMIUM \$

TRAILER: MAKE:	SERIAL #:	YEAR:	VALUE: \$	PREMIUM \$	+

**LOSS PAYABLE** (IF APPLICABLE) \_\_\_\_\_ DISCOUNTS (MAX. \$100) \$ - ( )

LIABILITY (\$250,000) \$ **INCL.**

**NOTICE TO THE APPLICANT**

*Keeping this coverage affordable requires making some sensible policy limitations.*

**This policy excludes the following:**

- Theft unless it occurred following illegal and forcible entry or exit to a locked building in which the insured property is located. There must be visible marks at the point of forced entry or exit.
- Ingestion damage to the power unit however caused.
- The premium is fully earned and fully retained in the event of a cancellation.

LIABILITY (\$500,000) (\$75) \$ +

LIABILITY (\$1 MILLION) (\$125) \$ +

POLICY FEE \$ + **35.00**

**TOTAL PREMIUM \$**

**PLEASE READ BEFORE SIGNING APPLICATION:**

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

BROKERAGE FIRM \_\_\_\_\_ RETURN FAX NO. \_\_\_\_\_ SIGNATURE OF BROKER \_\_\_\_\_

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER.  
THE COMPANY IN ITS SOLE JUDGEMENT MAY ELECT TO ACCEPT OR REJECT ANY APPLICATION.**



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