

NAME: _____ POLICY NUMBER: _____
FORWARD THIS FORM TO: (name of the person you are sending this form to) _____



Premier Marine Insurance — Small Boat & Yacht Application Form

QUOTE ONLY
 PLEASE BIND

INSURED: _____ REG'D OWNER: _____ PHONE: (BUS): _____ (RES): _____

ADDRESS: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ OCCUPATION: _____ EMPLOYER: _____

NO. OF YEARS AS OWNER OF A BOAT: _____ NO. OF YEARS AS OPERATOR/CREW: _____ INSURANCE EFFECTIVE DATE: _____

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

SIZE AND TYPE OF PREVIOUS BOATS: _____ MEMBER OF CRUISING CLUB: _____

BOATING EDUCATION & COURSES: _____

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

COVERAGES - HULL & MACHINERY MAKE: _____ MODEL: _____ YEAR: _____

SERIAL #: _____ REGISTRATION #: _____ LENGTH: _____ BEAM: _____

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

OUTBOARD/AUXILIARY MOTOR:* SERIAL #: _____ YEAR: _____ VALUE: \$ _____

DINGHY:* SERIAL #: _____ YEAR: _____ VALUE: \$ _____

DINGHY MOTOR:* SERIAL #: _____ YEAR: _____ VALUE: \$ _____

*not covered unless itemized

TOTAL HULL & MACHINERY	VALUE: \$	PREMIUM \$
		ADDITIONAL PERSONAL EFFECTS (to be listed separately): VALUE: \$ _____ PREMIUM \$ _____
TRAILER: MAKE: _____	SERIAL #: _____	YEAR: _____ VALUE: \$ _____ PREMIUM \$ _____
OPTIONAL COVERAGES: _____		PREMIUM \$ _____

LOSS PAYABLE - NAME: _____ **LIABILITY (\$1,000,000) \$** _____

ADDRESS: _____ **LIABILITY (\$2,000,000) \$** _____

CITY: _____ **PROV.:** _____ **POSTAL CODE:** _____ **POLICY FEE \$ 35.00**

TOTAL PREMIUM \$ _____

List all operators of the vessel*:
(*Name; date of birth; years of experience; % use; drivers licence number)

1 _____

2 _____

List all auto moving traffic violations and at fault accidents per operator:
(in past 3 years; date of conviction; description. Date of accident; amount paid; description; indicate if no current drivers licence)

WHERE IS BOAT MOORED? _____ WHERE LAID UP? ASHORE AFLOAT

IS YACHT TRANSPORTED OVERLAND? YES NO HOW FAR? _____ HOW OFTEN? _____

TYPE OF VESSEL: SAILBOAT TRAWLER CRUISER HIGH PERFORMANCE HOUSEBOAT RUNABOUT OTHER _____

DOES YACHT HAVE: SLEEPING QUARTERS GALLEY HEAD RADAR COMPASS DEPTH FINDER S/S RADIO PROPANE

LORAN GPS AUTOPILOT VAPOUR DETECTION SYSTEM BUILT IN CO₂ OR HALON SYSTEM FIRE EXTINGUISHERS (No.) _____

IS YACHT OF FIBREGLASS CONSTRUCTION? YES NO, SPECIFY: _____ TYPE OF FUEL: GAS DIESEL MAX. SPEED: _____

NUMBER OF ENGINES: _____ MANUFACTURER: _____ INBOARD OUTBOARD I/O JET TOTAL HORSEPOWER: _____ PLEASURE USE ONLY? YES NO

NAVIGATIONAL LIMITS REQUESTED: _____ HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED? NO YES REASON: _____

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.

ONTARIO & EASTERN CANADA
140 Fullarton Street, Suite 1904, London, ON N6A 5P2
Tel: (519) 850-1610 Fax: (519) 850-1614

WESTERN CANADA
625 Howe Street, Suite 650, Vancouver, B.C. V6C 2T6
Tel: (604) 669-5211 Fax: (604) 669-2667

www.premiermarine.com

