



## JETSKI / PWC APPLICATION

THIS IS AN APPLICATION FOR INSURANCE ON A VESSEL USED SOLELY FOR PRIVATE PLEASURE PURPOSES

|   |            |                |  |   |
|---|------------|----------------|--|---|
| <b>Broker</b>   |            |                | <b>Owner(s) Name and Mailing Address:</b>                |   |
| Name  |            |                | Name   |   |
| Street  |            |                | Street   |   |
| City/Province   |            |                | City/Province  |   |
| Postal code   |            |                | Postal code  |   |
| Phone   | Fax:       |                | Occupation   |   |
| E-Mail Address  |            |                | E-Mail Address   |   |
| Name  | Birth Date | Years Operated | Years Owned  | Boating Courses   |
|   |            |                |  |   |
|   |            |                |  |   |
|   |            |                |  |   |
| Any Operators Under 35 years of age   |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do they have a valid Operators Licence <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Operators Under 16 years of age   |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do they have a valid Operators Licence <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has Insurance ever been declined? or been cancelled by Insurers?                      |            |                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Have you or any operator listed above had your driver's licence suspended or revoked? |            |                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If Yes to either question, please provide complete details                            |            |                |  |   |
|   |            |                |  |   |
| Have you or any operator listed above had any boat losses within the past five years? |            |                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If Yes, please provide complete the following   |            |                |  |   |
| Date of Loss  | Cause      |                | Total Amount   | Name of Insurer   |
|   |            |                |  |   |
|   |            |                |  |   |

**PWC DESCRIPTION:**

| TYPE   | IDENTIFICATION  | ADDITIONAL  |
|--|---|---|
| <input type="checkbox"/> Kawasaki<br><input type="checkbox"/> Polaris<br><input type="checkbox"/> Seadoo<br><input type="checkbox"/> Yamaha<br><input type="checkbox"/> Honda  | Reg. # _____<br>Serial # _____<br>Number of Seats _____<br>Model Name _____<br>Year Built _____<br>Length Overall _____ | Used for tender: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Private pleasure only <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Speed control Smart Key: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Off Power Steering Assist: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Theft Recovery: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Stand Knee/Board: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Used for Waterskiing? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must be 3 or More Seats)<br>Where principally used (be specific): _____<br>Moored: <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____<br>Where laid up (land storage): _____<br>Security Measures (Describe): _____ |   |   |
| JET SKI  |   | TRAILER   |
| Total Horsepower: _____<br>Maximum Speed: _____ (mph).<br>Number of CC's: _____<br>Estimated Replacement Value (New): _____<br>Present Market Value: _____<br>Purchase Price: _____ Date : _____   |   | Year: _____<br>Serial #: _____<br>Manufacturer: _____<br>Present Market Value: _____<br>Estimated Replacement Value (New): _____<br>Purchase Price: _____ Date: _____   |
| Bill of Sale Copy Attached <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |

|                        |   |
|------------------------|---|
| Loss Payee and Address | Previous Insurer(s) and Policy Number   |
|                        |   |
| EFFECTIVE DATE:        | I UNDERSTAND THE ABOVE INFORMATION, WHICH IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS OF INSURANCE, IF GRANTED, BUT DOES NOT OBLIGATE ME TO ACCEPT THE INSURANCE NOR THE COMPANY TO ACCEPT THIS RISK. |
| SIGNATURE OF OWNER(S)  | DATE SIGNED   |