



[Commercial Lines]

BOATS & PERSONAL WATERCRAFT LIABILITY SUPPLEMENT



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BOATS & PERSONAL WATERCRAFT LIABILITY SUPPLEMENT

PART 1 GENERAL INFORMATION

Broker: _____ Tel: _____

Broker Contact: _____ Email: _____

Name of Insured (Full Legal Name): _____

Please provide details of ALL units owned and / or used in / by the insured operations

POWER UNITS:

Year	Make & Model	HP	Length (Ft)	S/N	Passengers	Current Market Value
						\$
						\$
						\$
						\$

CANOE OR KAYAK:

#	Canoe or Kayak (include Description)	Length (Ft)	S/N	Passengers	Value
					\$
					\$
					\$
					\$

A more specific Application will be required for all Vessels:

- (a) Greater than 24 feet in length
- (b) With motor(s) greater than 100 Horse Power
- (c) Used for Waterskiing, Tubing and/or Boarding
- (d) With a capacity of greater than six, including the Operator
- (e) With Jet Drive propulsion (including Personal Watercraft)

Applications for Skipper Charter and Bare Boat Charter operations are available from your Broker

Years operating or experience in this, or similar operation: _____ Experience: _____ Operating: _____

How many trained staff do you employ?

List Names	Years Exp.	Qualifications a/o Certifications / First Aid Certification

Do you conduct pre-activity briefing with Participants? Yes No

Do you have a written safety and procedures manual? Yes No

Do you have a process check list to be followed by all staff? Yes No

Have you, or would you, decline someone from participating? Yes No If "Yes", please list reason(s) below:

Do guides carry any communications devices with them? Yes No If "Yes", list type below. If "No", explain why not:

Is a log or journal kept to record any incidences? Yes No

(Details in a log book may identify who witnessed the incident, who was working, what happened, etc.)

What is the maximum number of Participants per trip, tour or camp? Over 18 years of age: Under 18 years:

Are minors permitted to participate? Yes No

If "Yes" to above, are all minors accompanied by a guardian or parent? Yes No

Does this activity require any special safety equipment? Yes No If "Yes", please describe below:

Are all Participants required to use this safety equipment? Yes No

Are personal floatation devices used by ALL Participants? Yes No

Do you enforce an alcoholic beverages restriction? Yes No

Do you require each Participant to complete a Health/Fitness information questionnaire? Yes No

Do you pre-screen Participants for ability and prior experience? Yes No

Do you have any objection to requesting this type of information, if it is not already done? Yes No

Please clearly detail your process and procedures for having guests sign waivers, including who is responsible for this:

Please be sure to attach copies of waivers and health/fitness questionnaires

Do you provide: Lessons, Training and/or Certificates associated with the Qualifications, Use and/or Operations of Watercraft? Yes No

If "Yes" to above question, please describe below:

Some Certification programs are registered and insured by various Associations.

Does your operation include training which is registered and insured with an Association? Yes No If "Yes", please describe below:

Describe the time frame for which activities are conducted: Hourly Daily Weekly

Are the vessels operated on: Inland lake and rivers (fresh) **OR** Coastal (salt) waters

What water classifications are floated: 1 2 3 4 5

Please describe area of operations with details of terrain and hazards. Please include additional documentation, if available.

Percentage of Total Receipts for this Operation / Activity: %

Do you use Sub-Contractors? Yes No If "Yes", what percentage of this Operation / Activity? %

Are Certificates of Insurance secured from all Sub-Contractors? Yes No

Is the Applicant shown as an Additional Insured on the Certificates? Yes No

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____