

Boat Rental Application Large Vessels (Houseboats/Cruisers/Sailboats)

Applicant Name: _____

Mailing Address: _____

Number of years in business: _____

Additional related experience operating similar or other businesses:

Principal's personal experience operating vessels: _____

Usual Operating Season: _____

Annual Gross Receipts: _____

Number of rentals per year: _____

Loss history for this business, past 5 years (provide date of loss, description, amount paid): _____

Describe supplied water toys if applicable: _____

Any waterslides: Yes No

Any hot tubs or Jacuzzis: Yes No

Are "Use at your own risk" signs posted in these areas: Yes No

Describe permit or license obtained for each vessel in order to conduct this business: _____

What waters are the vessels operated in? _____

Usual moorage location: _____

Are vessels laid up over the winter: Yes No

Off Season Location address: _____

Describe security measures against fire & theft _____

Are the vessels winterized: Yes No

Attach completed **SUPPLEMENTARY SAFETY QUESTIONNAIRE**. Please ensure ALL questions are answered in full.

Is a liability waiver in use: Yes No If yes, please attach copy of waiver

Prior Insurance: _____

Policy No.: _____ Expiry Date: _____

Have you ever been cancelled by an insurance company? Yes No

If yes, advise why: _____

Watercraft Schedule:

DETAILS OF VESSEL: #

Vessel Type In/Outboard Outboard Inboard Jet Drive Max Speed: _____
Hull Type Fiberglass Wood Plywood F/G Over Wood Steel Aluminum Other _____

	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Aux.)					
Trailer					

Current Values:

Hull: \$ _____ Main Motor: \$ _____ Aux. Motor: _____ Trailer: _____

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Hull Type Fiberglass Wood Plywood F/G Over Wood Steel Aluminum Other _____

	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Aux.)					
Trailer					

Current Values:

Hull: \$ _____ Main Motor: \$ _____ Aux. Motor: _____ Trailer: _____

Insurance Coverage's Required	Total Values	Rate	Premium
Hull & Machinery (total of all vessels)	\$		
Protection & Indemnity: for each vessel	\$		
Total # of Watercraft to be insured?	#		

Date: _____

Brokerage: _____

Address: _____

Agents Signature: _____

EMAIL: _____

PHONE #: _____ FAX: _____

Applicant's Signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.

SUPPLEMENTARY SAFETY QUESTIONNAIRE

Applicant Name: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

	YES	NO
1. Do you have a written safety and procedure manual?	<input type="checkbox"/>	<input type="checkbox"/>
2. a. Do you have a process check list to be followed by all the staff?	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes please attach a copy of the check list.		
3. Do you keep a log or journal to record any incidents?	<input type="checkbox"/>	<input type="checkbox"/>
4. a. Do you conduct pre activity briefing with participants?	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe in detail: _____		

5. a. Have you or would you decline someone from renting a vessel?	<input type="checkbox"/>	<input type="checkbox"/>
b. If so for what reason, please describe: _____		

6. Do vessels carry communication devices on them?	<input type="checkbox"/>	<input type="checkbox"/>
If so, describe and if not, explain why not: _____		

7. What is the maximum number of passengers allowed per vessel? _____		
8. Are there any age limitations for participants?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does this activity require any special safety equipment?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____		

10. Are all participants required to use the equipment described in question 9?	<input type="checkbox"/>	<input type="checkbox"/>
11. a. Are Personal Floating Devices (PFDs) provided to all participants?	<input type="checkbox"/>	<input type="checkbox"/>
12. a. Do you provide and/or allow water toys?	<input type="checkbox"/>	<input type="checkbox"/>
b. Water skis?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you enforce an alcoholic beverage restriction?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you prescreen participants for ability and prior experience?	<input type="checkbox"/>	<input type="checkbox"/>
15. Describe in detail your screening process (to ensure all operators qualify to operate vessel) _____		

APPLICANT'S SIGNATURE: _____

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