

## Boat Rental Application

### Small Vessels (Runabouts/PWC's/Sailing Dinghys)

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Additional related experience operating similar or other businesses:  
\_\_\_\_\_  
\_\_\_\_\_

Principal's personal experience operating vessels: \_\_\_\_\_  
\_\_\_\_\_

Describe permit or license obtained for the vessel(s) in order to conduct this business: \_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_  
\_\_\_\_\_

Indicate typical duration of rental period (ie. day only or overnights): \_\_\_\_\_

Any waterskiing: Yes  No

Any water toy use: Yes  No

Describe water toys if applicable: \_\_\_\_\_

Are Vessels Trailered? Yes  No  By Owner  By Renter

If yes, describe area trailered in: \_\_\_\_\_ Maximum Miles: \_\_\_\_\_

What waters are the vessels operated in? \_\_\_\_\_  
\_\_\_\_\_

Usual moorage location: \_\_\_\_\_

Security measures: \_\_\_\_\_

Are vessels laid up over the winter: Yes  No  If yes, provide Legal address for off-season storage

Off Season Location:(will be shown on the declaration page) \_\_\_\_\_

describe security measures against theft & fire protection: \_\_\_\_\_  
\_\_\_\_\_

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 and/or rental agreement

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** Fibreglass  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					
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: \_\_\_\_\_

<b>PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS</b>	<b>YES</b>	<b>NO</b>
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. What is the age limitations for participants? _____		
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:** \_\_\_\_\_

By signing this questionnaire 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.