

## Fly Board Application

Applicants Name: \_\_\_\_\_

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

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

Additional related experience a/o certification: \_\_\_\_\_

Type of operations: Lesson's  Rentals  Sales

Annual Gross Receipts: \$ \_\_\_\_\_

Number of rentals per year? \_\_\_\_\_ Indicate typical duration of Lessons / Rentals per client: \_\_\_\_\_

Are Flyboards/Jet Packs operated in a designated closed off area? Yes  No

Will there be an instructor on the PWC during Fly Board use? Yes  No

Are Students required to wear Helmets and life jackets at all times? Yes  No

What is the minimum depth of the operating area?: \_\_\_\_\_

Maximum number of Fly Boards permitted to be operated in the designated area at any one time? \_\_\_\_\_

Minimum customers age? \_\_\_\_\_

Describe orientation and safety procedures given to students prior to operation of the Fly Board: \_\_\_\_\_

\_\_\_\_\_

Where are the Fly Boards/ Jet Packs Stored when not in use each day? \_\_\_\_\_

What security measures are taken to prevent theft? \_\_\_\_\_

What waters are the Fly Boards operate in: \_\_\_\_\_

Usual operating Season: \_\_\_\_\_

Lay-up period: \_\_\_\_\_

Provide address where the Fly Boards will be stored in the off season \_\_\_\_\_

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

Previous insurance company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Renewal Premium: \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Ever been cancelled by an Insurance Company? Yes  No

If yes please advise why: \_\_\_\_\_

Do you have a commercial general liability policy in force?: Yes  No

Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**A Liability Waiver is Mandatory, Please provide a copy along with this Application for underwriter review.**

**Sea Doo and Fly Board Schedule:**

Year	Hull Make/Model	Motor Make/HP	Serial Number	Insured Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Insurance Coverage's Required	Total Values	Rate	Premium
Hull & Machinery (total)	\$		
Protection & Indemnity: for each vessel	\$1M ____ \$2M ____		
Total # of PWC's 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

## Instructor Questionnaire

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

NAME OF INSTRUCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOW LONG HAVE YOU BEEN INSTRUCTING/OPERATING FLYBOARD'S? \_\_\_\_\_

CERTIFICATES/QUALIFICATIONS HELD: \_\_\_\_\_

CLAIMS/LOSS RECORD: HAS THE INSTRUCTOR HAD ANY CLAIMS OR LOSSES DURING THE LAST 5 YEARS IN RELATION TO  
WATERCRAFT WHETHER INSURED OR NOT     YES     NO

IF YES, PLEASE COMPLETE THE FOLLOWING: (WRITE ON BACK IF NECESSARY)

YEAR	DETAILS OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES/TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT: IF SO, GIVE BRIEF DETAILS INCLUDING DATE, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO IT'S ACCEPTANCE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_