



[Inland Marine Package Application]
COMMERCIAL WATERCRAFT SUPPLEMENT
Use with any Inland Marine Contractors Application



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COMMERCIAL WATERCRAFT SUPPLEMENT

Use this supplement with any Inland Marine Package Application if you own and operate commercial watercraft under 10 meters in length and CGL is to be extended to these vessels.

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____
 Name of Applicant: _____

PART 2 WATERCRAFT INFORMATION

PLEASE LIST ALL APPLICABLE WATERCRAFT BELOW

Item	Unit #	Description (Include length, horsepower, serial number)	Valuation (ACV/RC)	Insured Value (\$CAD)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL INSURED VALUE:				

Describe the purpose and use of these vessels: _____

Describe the typical area of operations: _____

Are these vessels all owned by the Named Insured? Yes No

Are passengers ever carried for compensation (this does not include your employees)? Yes No

Are vessels ever operated in major shipping lanes? Yes No

Are vessels ever used outside of inlets in unprotected waters off the West Coast of Vancouver Island or BC Coast? Yes No

Are all vessels operated by qualified operators in compliance with all applicable regulations and guidelines? Yes No

Have you had any losses, insurance claims, or incurred any general liability arising from Owned watercraft in the past 5 years? Yes No

If Yes to above, please explain:

Is there any other information regarding vessels which may be material to underwriters? Yes No If Yes, please explain below:

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: _____