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## Application for Yacht Insurance

Insurance for  
**Things That Move.™**

**IMPORTANT NOTE:** The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

### Section 1 – General Information

Owner's Name		Broker's Name	
Owner's Address		Broker's Address	
Owner's Occupation		Broker's Tel. No. (                      )	
Owner's Home Phone #		Broker Number	
Owner's Business Phone #		Policy Number	
		Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lien holder (Name and Address)		Approx. % of Lien	
Date Policy to Start		To	
From		12:01 Standard Time at the Address of the Owner Name herein	

### Section 2 – Vessel (this policy covers agreed value as per current market value)

Manufacturer and Model of Vessel					
Year Mfg.	Name of Vessel	Serial No.	License/Registration No.	Purchase Date	Length
Vessel Type	Method of Propulsion				
<input type="checkbox"/> Sail <input type="checkbox"/> Motor <input type="checkbox"/> Multi-Hull <input type="checkbox"/> Other	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Jet	<input type="checkbox"/> Fishing Utility <input type="checkbox"/> Bass Boats <input type="checkbox"/> Fishing Runabouts <input type="checkbox"/> Other	<input type="checkbox"/> Runabout Utility <input type="checkbox"/> Bow rider <input type="checkbox"/> Closed-Deck Runabouts Please Describe	<input type="checkbox"/> Ski Boat <input type="checkbox"/> Performance/Sport Boat <input type="checkbox"/> House Boat	<input type="checkbox"/> Midcabin Cruiser <input type="checkbox"/> Motor Yacht <input type="checkbox"/> Deck Boat
Hull Material					
<input type="checkbox"/> Wood <input type="checkbox"/> Aluminium <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other _____					

Metal Flake Finish <input type="checkbox"/> Yes <input type="checkbox"/> No				
Engine	Make	Serial No.	Year	Total Horsepower
Maximum Top Speed Maximum Allowed      50mph		Fuel <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____		
Purchase Price \$		Current Market (Resale) Value \$		Replacement Value \$

### Section 3 – Equipment

From the following list, check the appropriate equipment which is installed in the vessel or portable in nature but used specifically in the operation of the vessel and included in Hull insurance

The values you show against the following items will be used as the maximum replacement value in measuring the amount of a loss.

<input type="checkbox"/> <b>Trailers</b> used solely for transportation of the insured yacht	Year _____ Manufacturer _____	Serial No. _____ Value \$ _____
<input type="checkbox"/> <b>Tender</b> used solely for transportation between the insured vessel and shore	Year _____ Manufacturer _____ Length _____ –	Serial No. _____ Value \$ _____
<input type="checkbox"/> <b>Outboard Motor</b> used with tender, or as auxiliary	Model _____ Year _____ Manufacturer _____ H.P. _____	Serial No. _____ Value \$ _____

<input type="checkbox"/> Radar	Valued \$ _____	<input type="checkbox"/> Fathometer or Depth Sounder	Valued \$ _____
<input type="checkbox"/> Sonar	Valued \$ _____	<input type="checkbox"/> Ship to Shore Telephone	Valued \$ _____
<input type="checkbox"/> Direction Finder	Valued \$ _____	<input type="checkbox"/> C.B. Radio.V.H.F	Valued \$ _____
<input type="checkbox"/> Cradle	Valued \$ _____	<input type="checkbox"/> Other	Valued \$ _____

If other, please describe

<input type="checkbox"/> Built-in Fire Extinguishing System	<input type="checkbox"/> CO <sup>2</sup> <input type="checkbox"/> Automatic	<input type="checkbox"/> Halon <input type="checkbox"/> Manual	<input type="checkbox"/> Other _____
<input type="checkbox"/> Auto Bilge Pumps	<input type="checkbox"/> Engine Blower	<input type="checkbox"/> Vapour/Fume Detector	<input type="checkbox"/> Smoke Detector/Alarm
<input type="checkbox"/> Auxiliary Generator (Type of Fuel) _____	<input type="checkbox"/> Other (Please Describe) _____		

Is Yacht Equipped According to Federal Coast Guard Standards?       Yes       No

Appliance Type	Fuel	Pilot Light	If Propane/Butane, Natural Gas is used, where is tank located?	If Propane/Butane, Natural Gas is used, is vapour vented externally?
Stove/Barbeque		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnace/Heater		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigeration		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you sign a "hold harmless" agreement with your Yacht Club or Marina you must forward a copy of this agreement to us immediately

Summer	<input type="checkbox"/> Outside <input type="checkbox"/> Inside				
Mooring Berth	<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat				
Winter	<input type="checkbox"/> Outside <input type="checkbox"/> Inside				
Lay-up Berth	<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat				
Lay-up Coverage	Coverage contemplates a Lay-up period from Nov. 15 <sup>th</sup> to March 31 <sup>st</sup> . From _____ (Day, Month) If Lay-up Period is different, please indicate To _____ (Day, Month)				
Waters Navigated					
Is Extension of Navigation Limits Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe				
<b>Section 3 – Boat Use</b>					
Pleasure Use Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Boat Corporately Owned, provide specific details of usage				
Is Boat Used Commercially or Chartered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If you are chartering your yacht, please answer the following</b>					
How long have you been employed in commercial operations?	What is the period during which commercial operations are carried out?				
What limit of liability is required?	What are the estimated annual gross receipts?				
Does Applicant employ a paid crew or captain? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the passenger capacity of your vessel?				
Water Skiing/Tubing/Knee Boarding <input type="checkbox"/> Yes <input type="checkbox"/> No	Racing <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe			
<b>Qualifications and Experience of all Operators</b>					
Name	Date of Birth	Have you previously owned a pleasure craft? Yes    No    # yrs	Number of years experience as an operator	Years of experience with this type of vessel	Driver's Licence No.
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
Boat Courses Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe				

## Section 4 – Loss History

Please list in detail any known and/or reported boating, property, automobile losses and/or infractions for the past five years for all operators.

Please list previous insurer

Has insurance been refused or cancelled by any company?

Yes  No

## Section 4 – Amount of Insurance Required

Vessel Amount \$ (A)	Equipment Amount \$ (B)
Total Hull \$ (A+B)	Premium \$
Protection & Indemnity \$	Premium \$
Personal Effects \$	Premium \$
Medical Payments \$1,000 Included	Premium \$

All statements in this application are true and the owner hereby applies for a contract or insurance to be based on the truth of said statements.

Where (a) an Owner for a contract gives false particulars of the described craft to be insured to the prejudice of the Insurer, or knowingly misrepresents or fails to disclose in the application any fact required to be stated therein, or (b) the Insured contravenes a term of the contract or commits a fraud, or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof.

The completion of this application does not bind the applicant or the company to effect insurance on the risk; but it is agreed that this form shall be the basis of the contract should a policy be issued. Please answer all questions – an incomplete application will be returned.

Broker's Signature

Date of Signature

Applicant's Signature

Date of Signature