

**COMMERCIAL VESSEL APPLICATION**

Name of Owner(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

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

**VESSELS:**

Manufacturer	Vessel Type	Construction	Year Built	Length	H.P.	No. of Passengers (If applicable)	Insured Value
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							
6. _____							
7. _____							
8. _____							
9. _____							
10. _____							

**OPERATING AREA:** \_\_\_\_\_

Where are the vessels moored? \_\_\_\_\_

Where are the vessels laid up and out of commission if applicable? \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Details of Operations: \_\_\_\_\_

Does the insured operate all year round?  Yes  No

If not, please provide details of when the insured operates: \_\_\_\_\_

Name of Operators	Birth Date	Years As Operator / Crew	Size & Type of Vessels Operated	Boating Education / Courses

**COMMERCIAL VESSEL APPLICATION** **Page 2 of 2**

**Loss Experience:**

Have you or any operator listed had any losses or accidents involving vessels?

Yes  No

If yes, please complete the following:

Date of Loss	Cause	Amount
1.		
2.		
3.		
4.		

**COVERAGES: Amount / Limits of Insurance Required** (not to exceed current market values)

(a) Hull & Machinery \$ \_\_\_\_\_

(b) Protection & Indemnity \$ \_\_\_\_\_

**INSURANCE REQUIRED from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**LOSS PAYEE:** \_\_\_\_\_

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

**CURRENT INSURERS:** \_\_\_\_\_

**CURRENT TERMS AND CONDITIONS:** \_\_\_\_\_

**REASON FOR CHANGE:** \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

**AGENT / BROKER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE OF OWNERS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercialmarine@premiergroup.ca](mailto:newbizcommercialmarine@premiergroup.ca) \*\***

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