## **PREMIER** ) marine

## MARINE PLEASURECRAFT APPLICATION

## **Requested Effective Date:** Reference # **REGISTERED OWNER(S):** DATE(S) OF BIRTH: CITY: PC: ADDRESS: PROV: PHONE #: OCCUPATION: LEINHOLDER: ADDRESS: YEARS AS OWNER OF A BOAT: YEARS AS OPERATOR/CREW: MEMBER OF CRUISING CLUB: SIZE AND TYPE OF PREVIOUS BOATS (Describe): **BOATING EDUCATION & COURSES:**

**BOATING LOSSES** IN PAST 3 YEARS (CLAIMED OR OTHERWISE – GIVE DATE AND DESCRIPTION):

| YEAR:  |       | VESSEL MANUFACTURER / MODEL:                |         |                             | LENGTH:              |  |
|--|-------|---|---------|-----------------------------|----------------------|--|
| Hull ID #:   |       | Hull Construction:                          |         |                             | Max Speed:           |  |
| TOTAL PURCHASE PRICE: \$                               |       | DATE PURCHASED: CURRENT MARKET VALUE (Vesse |         | E (Vessel + Main Motor): \$ |                      |  |
| MAIN MOTOR:  | YEAR: | MAKE:                                       | HP:     | SERIAL #:                   | VALUE: Include Above |  |
| AUXILIARY MOTOR:                                       | YEAR: | MAKE:                                       | HP:     | SERIAL #:                   | VALUE: \$            |  |
| DINGHY:  | YEAR: | MAKE:                                       | LENGTH: | SERIAL #:                   | VALUE: \$            |  |
| DINGHY MOTOR:  | YEAR: | MAKE:                                       | HP:     | SERIAL #:                   | VALUE: \$            |  |
| TRAILER:   | YEAR: | MAKE:                                       |         | SERIAL #:                   | VALUE: \$            |  |
| LIABILITY LIMIT REQUESTED: \$1,000,000 🗌 \$2,000,000 🗌 |       |   |         | TOTAL VALUE: \$             |                      |  |

LIST ALL AUTO MOVING TRAFFIC VIOLATIONS & AT FAULT ACCIDENTS PER OPERATOR\* (\*past 3 yrs, date of conviction / accident, describe)

WHERE IS BOAT MOORED?

IS BOAT PERMANENTLY MOORED ON A MOORING BUOY?

PRIVATE PLEASURE USE ONLY? VES NO (if no, describe):

LAY UP LOCATION:

LIVE ABOARD: YES NO

NAVIGATIONAL LIMITS REQUESTED:

HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED? I YES I NO REASON:

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.

SIGNATURE OF APPLICANT(S):

**BROKERAGE NAME / BRANCH:** 

SIGNATURE OF BROKER:

DATE:

BROKER PHONE/FAX:

BROKER EMAIL:

NOTE: Insurance is not in effect until Premier has issued a binder number. The company in its sole judgment may elect to accept or reject any application.

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 - <u>newbizmarine@premiergroup.ca</u> ** |                |                                 |             |                |  |  |  |  |
|--|----------------|---------------------------------|-------------|----------------|--|--|--|--|
| Western Region - T 604.669.5211  | F 604.669.2667 | Ontario & Atlantic Canada - T 5 | 19.850.1610 | F 519.850.1614 |  |  |  |  |