

PWC PAC APPLICATION FO	RM					Page 1 of 1
	QUOTE ONLY	□PLEASE	BIND REQUI	ESTED EFFECTIVE	DATE:	
INSURED:	REG'D OWNER:		PHONE: (BUS):		(RES):	
ADDRESS:		CITY:	PI	ROV:	P.C:	
DATE OF BIRTH:	BOATING EXPERIENC	E:	BOATING EDU	CATION COURSES	:	
PREVIOUS INSURER (THIS OR PR	IOR BOATS):	POLIC	Y NO.:	EXPIRY DATE	:	
BOATING LOSSES IN PAST 3 YEAR	RS (CLAIMED OR OTHERWIS	E – GIVE DAT	E AND DESCRIPTIO	N):		
DRIVING RECORD LAST 3 YEARS:			LICENSE #:			
HAVE YOU EVER HAD ANY INSUR	ANCE REFUSED OR CANCEL	LLED? YES	S NO REASON:			
PLEASURE USE ONLY? ☐ YES [ON					
COVERAGES – HULL & MACHINE	RY MAKE:		MODEL:		YEAR:	
SERIAL#:	F	REGISTRATIO	N #:			
MODIFICATIONS: ☐ Y ☐ N	V	//AX.SPEED/H	ORSEPOWER:			
DATE PURCHASED:	PURCHASE PRICE: \$		CURRENT MA	ARKET VALUE: \$		
TRAILER: MAKE:	SERIAL #:		YEAR:		VALUE: \$	
LOSS PAYABLE (if applicable):				LIAB	ILITY LIMIT:	
				LIABIL	ITY \$250,000	
				LIABIL	ITY \$500,000	
NOTICE TO THE APPLICANT					'\$1 MILLION	
Keeping this coverage affordable req	uires making some sensible po	olicy limitations		LIABILITY	\$2 MILLION	
This policy excludes the following:	:					
	ollowing illegal and forcible ured property is located. The or exit.					
onboard or tied to your y	ction does not apply where t acht, on top of a dock whilst stem attached to a dock or la	locked and cl				
The premium is 50% earn	ed and retained in the event	of a cancellat	ion.			
PLEASE READ BEFORE SIGNING: A claim prejudice of the insurer or knowingly misrepre to these facts during the term of the contract;	sents or fails to disclose any fact in ar	ny part of this appli	cation required to be state	d therein; or (b) the insur-	ed fails to inform	material changes
The Applicants have reviewed all parts and at based on the truth and completeness of this ir	tachments of this application and acki			-		
The personal information provided in this docurepresentative or insurance company, subject underwriting any such policies, evaluating claithis document have authorized that I agree to	ument and in the future including, but to local legislation, for the purpose of ms, detecting and preventing fraud, a	communicating w	ith the insured or their repr	esentative, assessing the	application for in	surance and
NOTE: Insurance is not in effect until Prem		ocuments.				
DATE:	SIGNATURE OF APPLICANT:					
BROKERAGE FIRM:	RETURN FAX NO.:					
SIGNATURE OF BROKER:			BROKER EI	MAIL:		
Premier Marine Insurance Managers G line of business and region - please refe					ng insurance ca	rrier varies by
	INSURANCE IS NOT IN EFFECT U COMPANY IN ITS SOLE JUDGEMEN					
**	Email application and attach	nments to - ne	ew bizmarine @premie	ergroup.ca **		
Western Region - T 604.			Ontario & Atlantic Ca		.1610 F 51	9.850.1614