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## BOAT APPLICATION

PAC   
  Direct Bill   
  Agency Bill

Broker Name \_\_\_\_\_ City \_\_\_\_\_

Broker E-Mail \_\_\_\_\_ Broker Code \_\_\_\_\_

Applicant's Full Name (Last name, First name)				Postal Address (Street, City, Province)				Postal Code
Loss, if any, is payable to				Postal Address				Postal Code
Policy Period	Day	Month	Year	To	Day	Month	Year	<b>12 MONTH POLICY TERM ONLY</b> 12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein
<b>From</b>								
Does the customer have a valid boat operations card? <input type="checkbox"/> Yes <input type="checkbox"/> No								
The customer is a CPS (Canadian Power Squadron) Member, or has passed an equivalent training course? <input type="checkbox"/> Yes <input type="checkbox"/> No								
The customer has been insured in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, who is the prior insurance Company? _____								
Previous Policy Number _____								
How many claims has the customer had in the past 3 years? _____								
Details of Claim(s) _____								
Would the customer like to add the <b>Guaranteed Replacement Cost**</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No								
*watercraft year must be either 2010 or 2011								
What is the age of the primary operator? _____								
Description of <b>BOAT</b> <input type="checkbox"/> Outboard <input type="checkbox"/> Runabout <input type="checkbox"/> Deck Boat <input type="checkbox"/> Jet Boat <input type="checkbox"/> Sailboat <input type="checkbox"/> Cuddy Cruiser <input type="checkbox"/> Cruiser <input type="checkbox"/> Trawler <input type="checkbox"/> Personal Watercraft								
Year: _____ Manufacturer: _____ Model: _____ Length: _____								
Hull Material: _____ Hull Number: _____								
Home Port: _____ Is boat used for charter, rental or live aboard? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Date of Last Survey: (if required) _____ <input type="checkbox"/> Surveyed <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat								
<input type="checkbox"/> Survey Attached								
Description of <b>MOTOR</b> : <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard    Motor Serial # _____								
Year: _____ Manufacturer: _____ HP: _____ Fuel Type _____ Max Speed: _____								
<b>TRAILER</b> : Year: _____ Manufacturer: _____ Type: _____ Serial # _____								

<b>Basis of Settlement:</b> <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Agreed Value / Replacement Cost			
<b>Coverages</b> (all sections below in <b>bold</b> must be completed)	<b>Amount of Insurance</b>	<b>Deductible</b>	<b>Annual Premium</b>
<b>Section A Boat (include boat equipment)</b>	\$ _____	\$ _____ 1% of insured value-Min\$250	\$ t.b.a.
(Power Boats Only) <b>Machinery Below the waterline (Engine)</b>	Included	\$ _____ 2% of insured value-Min\$500	Included
Outboard motor (if applicable)	\$ _____	\$ _____	\$ _____
Dinghy (scheduled)	\$ _____	\$ _____	\$ _____
Dinghy Motor (scheduled)	\$ _____	\$ _____	\$ _____
<b>Section B Liability (required coverage)</b>	<input type="checkbox"/> \$1Million <input type="checkbox"/> \$2Million	None	t.b.a.
<b>Section C FL &amp; HWC</b>	<b>Statutory</b>	None	<b>Included</b>
<b>Section D Medical Payments</b>	<b>\$5,000</b>	None	<b>Included</b>
<b>Section E Boat Trailer (ACV only)</b>	\$ _____	None	\$ _____
<b>Section F Family Protection (if applicable)</b>	\$ _____	None	Included
<b>Section G Personal Property</b>	\$ _____	\$ _____	\$ _____
Consumer and previous Insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance of a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge.		<b>Premium Sub-Total</b>	\$ _____
		<b>Provincial Tax</b>	\$ _____
		<b>Total Premium</b>	\$ t.b.a.
_____ Signature of Insured(s)		_____ Date	_____ Signature of Broker

**Please Note:**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.