



Application for Yacht Liveaboard Insurance		
Name and address of applicant:	Date of Birth:	Occupation:
Loss Payee:	Effective Date:	Expiry Date:
Vessel's Moorage Area:	Slip No. (if applicable):	Security Available at Marina:
Additional Occupants:	Relationship to Insured:	Years Applicant has lived aboard a vessel:
Security available on the vessel:		Fire Protection on the vessel:
Describe any other location you own or occupy (ie cottage, rental units etc...)		
Is any commercial business conducted on this liveaboard: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please describe business use in detail:	
Loss History of all Occupants in the past five years for all property damages and liabilities:		
Previous Insurer (incl. tenants a/o homeowners)	Policy No.	Expiry date:
Have you ever been cancelled by an insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please explain why:	
COVERAGES REQUIRED		
Property Coverages:	Insured value:	
Personal Liability:	Limit of Liability:	
Other:		

Agency name and address: \_\_\_\_\_

\_\_\_\_\_

Broker/agent's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.