MARINE - Special Trip Permit Application Form

**APPLICANT INFORMATION**

Applicant Name:

Existing Policy Number:

Vessel - Year:       Length:       Manufacturer:

**TRIP INFORMATION**

Destination:

Mode of transportation to the destination:

Describe the navigation range where the Vessel will be used:

How long will the Insured Property remain outside of Canada:

Latest possible date that the Insured Property will return to Canada:

**ACKNOWLEDGEMENT OF POLICY CONDITIONS**

Please check to confirm acknowledgment below:

I understand that the trailer must have a wheel lock device, locked to an immovable object, or the wheel removed and stored out of sight for theft coverage to apply.

I understand that a higher deductible will apply for any damage directly or indirectly.

I understand that a higher deductible will apply with respect to any damage arising from a Named Storm.

I understand that the P&I (liability coverage) will be capped at $1,000,000 CDN during such special trip.

**PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.

The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED WRITTEN CONFIRMATION OF COVERAGE.

Signature of Applicant(s):       Date: