

COMMERCIAL VESSEL APPLICATION

Name of Owner(s): _____

Occupation: _____

Address: _____

VESSELS:

Manufacturer	Vessel Type	Construction	Year Built	Length	H.P.	No. of Passengers (If applicable)	Insured Value
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							
6. _____							
7. _____							
8. _____							
9. _____							
10. _____							

OPERATING AREA: _____

Where are the vessels moored? _____

Where are the vessels laid up and out of commission if applicable? _____

Number of Years in Business: _____

Details of Operations: _____

Does the insured operate all year round? Yes No

If not, please provide details of when the insured operates: _____

Name of Operators	Birth Date	Years As Operator / Crew	Size & Type of Vessels Operated	Boating Education / Courses

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Loss Experience:

Have you or any operator listed had any losses or accidents involving vessels?

Yes No

If yes, please complete the following:

Date of Loss	Cause	Amount
1.		
2.		
3.		
4.		

COVERAGES: Amount / Limits of Insurance Required (not to exceed current market values)

(a) Hull & Machinery \$ _____

(b) Protection & Indemnity \$ _____

INSURANCE REQUIRED from: _____ **to:** _____

LOSS PAYEE: _____

Address: _____

CURRENT INSURERS: _____

CURRENT TERMS AND CONDITIONS: _____

REASON FOR CHANGE: _____

DECLARATION / CONSENT

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.

AGENT / BROKER: _____

EMAIL ADDRESS: _____

SIGNATURE OF OWNERS: _____

DATE: _____

Premier Canada Assurance Managers Ltd. 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 - newbizcommercialmarine@premiergroup.ca **
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