

SKIPPERED FISHING CHARTER APPLICATION

(to be used in addition to the standard Premier Small Boat & Yacht Application Form)

Applicant: _____

Principals in the Charter Company: _____

Number of Years in Business: _____

Type of Charter Business (% breakdown by nature/type of charter): _____



Are all of your charters 100% skippered (owner or an operator listed below always in command of vessel)? Yes No

Estimated number of trips per year: _____

Maximum number of guests on any one charter: _____ Estimated annual gross receipts: _____

Are Waivers Signed: Yes No **Minimum Age of Guests:** _____

List of all Charter Operators: _____ Record: (years exp. as charter operator, percentage of use, size and types of vessels previously operated, training, courses)

_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments: _____

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.

Applicant Signature: _____ Date: _____

Brokerage: _____ Broker Return Fax: _____

Premier Marine Insurance Managers Group (WEST) Inc. 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 - newbizmarine@premiergroup.ca **

Western Region - T 604.669.5211 F 604.669.2667 Ontario & Atlantic Canada - T 519.850.1610 F 519.850.1614