

High Performance Vessel Supplemental Application

Applicant Name:

Date:

Policy Number:

Applicant's High Performance Ownership/Operating Experience:

Years of Performance ownership experience:

Vessel Description: (year, make, model, length, horsepower, i/o or o/b, max speed):

5 Year Loss Experience: (date, cause, payout)

Years of Performance Operating Experience:

Vessel Description: (year, make, model, length, horsepower, i/o or o/b, max speed)

5 Year Loss Experience: (date, cause, payout)

High Performance Vessel Currently Proposed:

Vessel Description: (year, make, model, length, horsepower, i/o or o/b, max speed)

Hull Construction: Fiberglass Other: (Specify) _____

Engine(S) Description: (year, make, model, length, value, serial number, registration number)

Maximum Speed: Fuel: Gas Other (Specify): _____

Have there been any modifications made to the engine / drive system? Yes No

If YES please list all (full description and value of upgrades):

Drive(s) Description: (year, model, serial numbers)

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.

Signature of Applicants:

Date:

Signature of Broker:

Date:

Broker Name & City:

Broker Email:

Broker Tel:

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