

**PWC PERSONAL JET WATERCRAFT APPLICATION**

QUOTE only    BIND (Please attach quote)   Requested Effective Date: \_\_\_\_\_   Reference # \_\_\_\_\_

**REGISTERED OWNER APPLICANT \*\*\* (Company names also require our supplementary "Company Name Audit Form") \*\*\***

Name of **Owner #1**: \_\_\_\_\_ % use \_\_\_\_\_ DOB: (dd/mm/yyyy) \_\_\_\_\_ Age: \_\_\_\_\_

Name of **Owner #2**: \_\_\_\_\_ % use \_\_\_\_\_ DOB: (dd/mm/yyyy) \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Boat Location: Is the boat used and stored in same province as address above?  YES  NO

If no, please explain: \_\_\_\_\_

Are there more than 2 Registered owners?  YES  NO

If yes, please explain: \_\_\_\_\_

List of Prior Boats Owned or Operated (prior to this one): \_\_\_\_\_

Has Insurance ever been cancelled or declined or refused?  YES  NO

If yes, please explain: \_\_\_\_\_

Current insurance on this boat:  Premier    Not currently Insured / unknown    Other Company   If other, Insurer Name: \_\_\_\_\_

**CLAIMS / LOSS HISTORY**

Any Boating Losses or Claims in last 5 years?  YES  NO

If yes, please advise Dates/Payout/Description: \_\_\_\_\_

**OPERATOR DETAILS**

Name	DOB	% Use (Total 100%)	Years as a Boat Owner	Years exp. as a driver/operator	Clear Auto Record *
	/ /	%			<input type="checkbox"/> YES <input type="checkbox"/> NO, If no, explain: _____
	/ /	%			<input type="checkbox"/> YES <input type="checkbox"/> NO, If no, explain: _____
	/ /	%			<input type="checkbox"/> YES <input type="checkbox"/> NO, If no, explain: _____

**PWC - PERSONAL JET WATERCRAFT DETAILS**

Year: \_\_\_\_\_ Length(ft): \_\_\_\_\_ Brand/Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Max Speed (mph): \_\_\_\_\_ Horsepower: \_\_\_\_\_ HIN/Serial #: \_\_\_\_\_

Are there any modifications, power or otherwise?  YES  NO

If Yes, please explain: \_\_\_\_\_

Lienholder/Loss Payee name and address (or indicate if none): \_\_\_\_\_

Is this Boat Leased? (Please Note: Leased boats do not qualify)  YES  NO

Is Vessel used for Recreational Private Pleasure use only?  YES  NO

If no, please explain: \_\_\_\_\_

Navigational limits Required (Province/Region/ or Waters where boat will be used?): \_\_\_\_\_

Layup/Storage on land address: \_\_\_\_\_ Mooring Location - In water address: \_\_\_\_\_

**How is Boat kept during boating season? (Please check below)**

- In water tied to a Dock    In water tied to **Floating** Mooring Buoy or on Anchor or Raft Moored  
 On Land on Trailer when not in use    Suspended on Private Boat Lift  
 Other (describe): \_\_\_\_\_

**VALUATION and LIMITS of COVERAGE (\$Canadian currency inclusive of tax)**

Purchase Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)   Purchase Price of All items: \$ \_\_\_\_\_   Current Market Total of all items: \$ \_\_\_\_\_

Coverage Item	Detailed Description (e.g., Year, Length, Brand, Model, HP, Serial#)	Current Market Value breakdown in CAN\$
<b>VESSEL/BOAT</b> (including Main Motor and attached electronics)	Year: _____ Length(ft): _____ Horsepower: _____ Brand: _____ Model: _____ Hull ID/HIN/serial#: _____	Total hull incl. main motors value: \$ _____
<b>Trailer</b>	Year: _____ Brand: _____ Serial#: _____	\$ _____

**LIABILITY OPTIONS**

Coverage Item	Liability Options
<b>P&amp;I Protection &amp; Indemnity Liability:</b>	<input type="checkbox"/> \$250,000 (min.) <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million <input type="checkbox"/> \$3 million
<b>P&amp;S Pollution &amp; Spill Liability:</b>	<input type="checkbox"/> \$250,000 (min.) <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million <input type="checkbox"/> \$3 million

**NOTICE TO APPLICANT:** Keeping this coverage affordable requires making some sensible policy limitations.

- This policy excludes the following: Theft, unless it occurred following illegal and forcible entry or exit to a locked building in which the insured property is located. There must be visible marks at the point of forced entry or exit.
- This Theft coverage restriction does not apply where the personal watercraft is: Onboard or tied to your yacht, on top of the dock whilst locked and chained to that dock, or on a boat lift system attached to a dock or land.
- The total premium is 50% minimum earned and retained in the event of a cancellation.

Does the Applicant accept and understand the NOTICE TO APPLICANT terms and conditions above?

- Yes, I Accept above  
 No, I'd like to upgrade optional coverage below where possible

**Optional Coverage Upgrade: Theft Precaution Waiver Endorsement - TPW Endorsement (Additional Surcharge applies)**

- If you are opting for the Theft Precaution Waiver Endorsement - TPW Endorsement (April 1, 2022). You acknowledge that the PWC watercraft you are applying for additional coverage, is equipped with a factory anti-theft electronic key/touch pad and is a 2015 or newer model. Otherwise the basic coverage and requirements above will still apply.
- TPW Endorsement removes the requirement for theft precautions mentioned above to be implemented.
- The total premium is 50% minimum earned and retained in the event of a cancellation.

Does the Applicant request the optional TPW coverage?

- Yes, I Request optional TPW coverage if qualifies  
 No

Additional Comments/ requests:

**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.**

PRINT NAME OF APPLICANT(S):

SIGNATURE OF APPLICANT(S):

DATE:

BROKERAGE NAME / BRANCH:

BROKER PHONE/FAX:

BROKER EMAIL:

SIGNATURE OF BROKER:

**NOTE: Insurance is not in effect until Premier has issued a binder number. The company in its sole judgment may elect to accept or reject any application.**

*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](mailto:newbizmarine@premiergroup.ca) \*\***

**Western Region - T 604.669.5211 F 604.669.2667**

**Ontario & Atlantic Canada - T 519.850.1610 F 519.850.1614**