



BROKER INFORMATION

Name				Location		
Contact		Email			Phone	

APPLICANT INFORMATION

Business Name					
Name of Owner(s)					
Mailing Address					
Website					
Has insurance ever been declined or cancelled?	YES	NO	If yes, details:		

OPERATOR/SKIPPER INFORMATION

Name	Date of Birth (MM/DD/YYYY)	Years ownership (all boats)	Years experience (this boat or similar)	Certifications /Qualifications

LOSS HISTORY

Has any owner(s) or operator(s) had any boating accidents or marine related claims/losses in the past 5 years whether insured or not?
YES NO If yes, please provide details:

Date of Loss	Description/Cause	Open/Closed	Total Amount

PREVIOUS INSURANCE HISTORY

Insurer		Policy Number		Expiry Date	
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OPERATIONS INFORMATION

Description of Operations					
Years in Business		Annual Gross Receipts			
Navigation Area					
Operating months			Laid up months		
Does the vessel carry passengers?	YES	NO	If yes, maximum number:		
Number of charters/trips per year		Length of trips (hours/days)		Day charters only?	YES NO
Any food or beverage provided?	YES	NO	Do passengers sign a waiver? YES NO		
Does the vessel transport non-owned cargo?	YES	NO	If yes, describe cargo carried:		
Does the vessel conduct towing operations?	YES	NO	If yes, describe items towed:		
Will the vessel also be used for pleasure use?	YES	NO	If yes, % of time?		
Any on land / non-marine exposure(s)?	YES	NO	If yes, details:		

APPLICATION MARINE – COMMERCIAL VESSEL

VESSEL INFORMATION

Canadian Registered? YES NO	Registration Number	
Moorage Location / Marina:		
Storage location including security details:		
Is there an anti-theft device in place while the vessel is stored on a trailer? YES NO (ie. hitch lock, wheel lock)		
Has the vessel(s) been surveyed? YES NO	If yes, date of last survey (Please include a copy with submission)	

SCHEDULE OF VESSELS (If more than 2 please attach a separate sheet with details of each vessel)

Item #1

Name				Date Purchased			Purchase Price		
# of Passengers				# of Crew	Max Speed (mph)		GRT		
	Year	Length / HP	Construction	Make/Model		Vessel Type / Motor Type / Fuel Type		Current Market Value	
Hull									
Motor									
Aux Motor									
Tender									
Trailer									
Loss Payee									

Item #2

Name				Date Purchased			Purchase Price		
# of Passengers				# of Crew	Max Speed (mph)		GRT		
	Year	Length / HP	Construction	Make/Model		Vessel Type / Motor Type / Fuel Type		Current Market Value	
Hull									
Motor									
Aux Motor									
Tender									
Trailer									
Loss Payee									

LIMITS OF INSURANCE REQUIRED

Hull & Machinery (total of all values above)	
Protection & Indemnity	
Cargo Legal Liability	
Towers Legal Liability	

This information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.

DATE	APPLICANT SIGNATURE	AGENT or BROKER SIGNATURE