

# YACHT INSURANCE APPLICATION

All questions must be answered. The applicant must accept the insurer's quotation before coverage can be effected.

## INSURED:

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PREVIOUS INSURER:

First policy:  Yes  No  
 Previous insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
 Have you ever been refused insurance?  Yes  No  
 Has an insurer ever cancelled your insurance?  Yes  No  
 If yes, provide reason for refusal: \_\_\_\_\_  
 Survey completed:  Yes  No Date: \_\_\_\_\_ Surveyor: \_\_\_\_\_

## CLAIMS:

Date	Amount paid	Description of loss
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LIEN HOLDER

Full Name: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ Province \_\_\_\_\_ Postal code: \_\_\_\_\_

## OPERATORS

Principal Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Operator: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Nautical courses: 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 Navigation experience (similar vessel): \_\_\_\_\_  
 Driver permit revoked in the past two (2) years:  Yes  No

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## OPERATORS

Other operators

Name	Date of Birth	Occupation	Nautical Course	Navigation experience
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there occasional operators between 18-21 years old who will operate the vessel?  Yes  No

## HULL

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Maximum speed: \_\_\_\_\_ km/h Length: \_\_\_\_\_ meters Age: \_\_\_\_\_ years

Construction:  Steel  Aluminum  Wood  Fibreglass  Other (specify) \_\_\_\_\_

Modified:  Yes  No

Name of vessel: \_\_\_\_\_ Purchase price: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Serial number: \_\_\_\_\_ Registration number: \_\_\_\_\_

Anti-theft device:  Yes  No Amount of insurance: \_\_\_\_\_

## MOTOR

Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Number of motors: \_\_\_\_\_ Motor type:  Outboard  Semi-integrated  Inboard

Modified:  Yes  No Fuel type:  Gas  Diesel Amount of insurance: \_\_\_\_\_

Serial number(s): \_\_\_\_\_

Stern drive serial number(s): \_\_\_\_\_

## TENDER

Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Amount of insurance: \_\_\_\_\_

## AUXILIARY OUTBOARD

Year: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Horsepower: \_\_\_\_\_ Value: \_\_\_\_\_ Amount of insurance: \_\_\_\_\_

## TRAILER

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Length: \_\_\_\_\_ Value: \_\_\_\_\_ Serial number: \_\_\_\_\_

Amount of insurance: \_\_\_\_\_

## PERSONAL EFFECTS (maximum 5%, minimum \$500)

Limit required: \_\_\_\_\_

**NAVIGATION**

Usual navigation area: \_\_\_\_\_

Is vessel on mooring:  Dock  Boat lift  Trailer**WINTER LAY UP**Marina  Yes  No If yes, name or location: \_\_\_\_\_

If no, provide other details \_\_\_\_\_

 Interior  Exterior Building construction: \_\_\_\_\_**EQUIPMENT****Check all that apply**

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Bilge ventilator | <input type="checkbox"/> Speed indicator | <input type="checkbox"/> Cellular phone | <input type="checkbox"/> Compass       | <input type="checkbox"/> Auto pilot    |
| <input type="checkbox"/> CO2 detector     | <input type="checkbox"/> Loran C         | <input type="checkbox"/> Fuel detector  | <input type="checkbox"/> GPS           | <input type="checkbox"/> Depth sounder |
| <input type="checkbox"/> Boomerang        | <input type="checkbox"/> Radar           | <input type="checkbox"/> Alarm system   | <input type="checkbox"/> Speed and air | <input type="checkbox"/> CB radio      |
| <input type="checkbox"/> Marine chart     | <input type="checkbox"/> VHF radio       |   |  |  |

Stove:  Electric  Alcohol  Alcohol/electric  Kerosene  PropaneHeater:  None  Electric  Icebox (*propane refrigerators not accepted*)Bilge pumps:  Automatic  Manual  ElectricExtinguishers: Automatic:  Yes  No Number of extinguishers: \_\_\_\_\_Propane on board:  Yes  No Approve for marine use:  Yes  NoPropane detector:  Yes  No *All propane tanks must be in a ventilated locker*Water sports:  Yes  No If yes, describe: \_\_\_\_\_Commercial activities:  Yes  No If yes, describe: \_\_\_\_\_Live aboard:  Yes  No If yes, describe: \_\_\_\_\_**LIABILITY LIMIT REQUIRED**  \$1,000,000  \$2,000,000**I/We hereby declare that the above information is true and that I/We have not withheld any information of a material nature. Any policy subsequently issued will be based on the truth of this information.**

Name: \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date: \_\_\_\_\_