



MARINE INSURANCE APPLICATION

NAMED INSURED: _____		HOME PHONE: _____		FAX: _____		
ADDRESS: _____		CITY: _____		PROVINCE: _____		
EMAIL ADDRESS: _____		MOBILE PHONE: _____		WORK PHONE: _____		
<input type="checkbox"/> NEW POLICY <input type="checkbox"/> POLICY RENEWAL CURRENT POLICY EXPIRY: _____		HOW DID YOU HEAR ABOUT AIR1? _____				
CURRENT BROKER: _____		YEARS WITH: _____		CURRENT UNDERWRITER: _____		
CURRENT UNDERWRITER: _____		YEARS WITH: _____				
I would also like to receive a quote for the following:		<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> Farm	<input type="checkbox"/> Aviation	
		<input type="checkbox"/> Other				
Expiry Dates:		,20__	,20__	,20__	,20__	

EXPERIENCE AND USE

NUMBER OF YEARS AS OWNER: _____		NUMBER OF YEARS AS OPERATOR: _____			
SIZE AND TYPE OF PREVIOUS BOATS:	1) _____				
	2) _____				
	3) _____				
HAS ANY WATERCRAFT INSURANCE EVER BEEN DECLINED OR CANCELLED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE PROVIDE DETAILS: _____	

WATERS NORMALLY NAVIGATED:

WHERE IS THE BOAT MOORED:		OFF-SEASON, WHERE IS THE BOAT MOORED:		<input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT
IS BOAT TRANSPORTED OVER LAND:	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW FAR:	HOW OFTEN:	

NAME OF OWNER(S) & OPERATOR(S)	DATE OF BIRTH (DD/MM/YYYY)	EXPERIENCE (YEARS)	% OF USE	AUTOMOBILE DRIVERS LICENSE #	BOATING COURSE PASSED	OPERATOR CERTIFICATE #	DATE PASSED (DD/MM/YYYY)
	/ /						/ /
	/ /						/ /
	/ /						/ /
	/ /						/ /

DO ANY OF THE OPERATORS HAVE ANY MOTOR VEHICLE TRAFFIC CONVICTIONS OR AT-FAULT ACCIDENTS IN THE PAST 3 YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE PROVIDE DETAILS PER OPERATOR:	

HAVE ANY OF THE OPERATORS HAD THEIR DRIVERS LICENSE SUSPENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE PROVIDE DETAILS PER OPERATOR:	

HULL DESCRIPTION

YEAR	MAKE	MODEL	LENGTH	SERIAL NUMBER	MAXIMUM SPEED
TYPE:	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> SAILBOAT <input type="checkbox"/> OTHER (DESCRIBE): _____		HULL MATERIAL:	<input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER (DESCRIBE): _____	
	<input type="checkbox"/> RUNABOUT <input type="checkbox"/> CUDDY CRUISER			<input type="checkbox"/> FIBREGLASS	



MACHINERY DESCRIPTION

MOTOR:	<input type="checkbox"/> INBOARD	<input type="checkbox"/> INBOARD/OUTBOARD	<input type="checkbox"/> TOTAL H.P.:	FUEL TYPE:	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> OTHER (DESCRIBE):
	<input type="checkbox"/> OUTBOARD	<input type="checkbox"/> JET			<input type="checkbox"/> DIESEL	
APPLIANCES:	APPLIANCE FUEL:			ADDITIONAL EQUIPMENT:		
<input type="checkbox"/> STOVE				<input type="checkbox"/> VHF RADIO	<input type="checkbox"/> DEPTH FINDER	
<input type="checkbox"/> FURNACE HEATER				<input type="checkbox"/> RADAR	<input type="checkbox"/> BUILT-IN CO2 OR HALON	
<input type="checkbox"/> REFRIDGERATOR				<input type="checkbox"/> LORAN	<input type="checkbox"/> VAPOUR DETECTION	
<input type="checkbox"/> GENERATORS				<input type="checkbox"/> SONAR	<input type="checkbox"/> FIRE EXTINGUISHERS	
<input type="checkbox"/> OTHER:				<input type="checkbox"/> GPS	<input type="checkbox"/> OTHER:	

AMOUNT OF INSURANCE

<input type="checkbox"/> ALL RISKS	<input type="checkbox"/> NAMED PERILS	<input type="checkbox"/> ACTUAL CASH VALUE	<input type="checkbox"/> REPLACEMENT COST – 5 MODEL YEARS OR NEWER ONLY	
1. HULL AND MACHINERY: (INCLUDING OUTBOARD MOTORS USED AS PRIMARY PROPULSION, ELECTRONIC EQUIPMENT AND OTHER EQUIPMENT)			AMOUNT OF INSURANCE	PREMIUM
BOAT:	DATE OF PURCHASE:	REPLACEMENT COST NEW:	\$	
	PURCHASE PRICE:	CURRENT MARKET VALUE:		
MOTOR:	MAKE:	YEAR:	\$	
	SERIAL NUMBER:			
TOTAL BOAT AND MOTOR:			\$	\$
2. DINGHY:				
	MAKE:	YEAR:	\$	\$
	SERIAL NUMBER:	LENGTH:		
3. AUXILIARY OUTBOARD MOTOR: (ANY LISTED OUTBOARD NOT USED AS PRIMARY PROPULSION I.E. ATTACHED TO DINGHY)				
	MAKE:	YEAR:	\$	\$
	SERIAL NUMBER:			
4. TRAILER:				
	MAKE:	YEAR:	\$	
	SERIAL NUMBER:			
5. OPTIONAL COVERAGES:				
	<input type="checkbox"/> AUXILIARY EQUIPMENT (DESCRIBE):		\$	\$
	<input type="checkbox"/> PERSONAL PROPERTY:		\$	\$
	<input type="checkbox"/> ENHANCED REPLACEMENT COST - DATE OF PURCHASE: (ATTACH BILL OF SALE)			\$
6. DISCOUNT:				
	<input type="checkbox"/> CANADIAN POWER AND SAIL SQUADRON (ATTACH COPY OF CERTIFICATE)			\$
	<input type="checkbox"/> SUPPORTED BUSINESS			\$
7. WATERCRAFT LIABILITY:				
	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> OTHER:	\$
TOTAL PREMIUM:				\$

LOSS PAYEE

INSTITUTION:	MAILING ADDRESS (NO. AND STREET):	PROVINCE:	POSTAL CODE:

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my 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.

SIGNATURE OF APPLICANT:	DATE (DD/MM/YYYY):