

**PREMIER MARINE INSURANCE – SMALL BOAT & YACHT  
APPLICATION FORM**

QUOTE ONLY  
 PLEASE BIND

INSURED: \_\_\_\_\_ REG'D OWNER: \_\_\_\_\_ PHONE: (BUS): \_\_\_\_\_ (RES): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ P.C: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
 NO. OF YEARS AS OWNER OF A BOAT: \_\_\_\_\_ NO. OF YEARS AS OPERATOR/CREW: \_\_\_\_\_ INSURANCE EFFECTIVE DATE: \_\_\_\_\_  
 PREVIOUS INSURER (THIS OR PRIOR BOATS): \_\_\_\_\_ POLICY NO.: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
 SIZE AND TYPE OF PREVIOUS BOATS: \_\_\_\_\_ MEMBER OF CRUISING CLUB: \_\_\_\_\_  
 BOATING EDUCATION & COURSES: \_\_\_\_\_ DATE OF SURVEY: \_\_\_\_\_  
 BOATING LOSSES IN PAST 3 YEARS( CLAIMED OR OTHERWISE – GIVE DATE AND DESCRIPTION) \_\_\_\_\_

**COVERAGES – HULL & MACHINERY** MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 SERIAL#: \_\_\_\_\_ REGISTRATION#: \_\_\_\_\_ LENGTH: \_\_\_\_\_ BEAM: \_\_\_\_\_

DATE PURCHASED: OUTBOARD/ AUXILIARY MOTOR:*	PURCHASE PRICE:\$	REPLACEMENT COST NEW:\$	CURRENT MARKET VALUE:\$
SERIAL #:		YEAR:	VALUE:\$
DINGHY:*	SERIAL #:	YEAR:	VALUE:\$
DINGHY MOTOR:*	SERIAL #:	YEAR:	VALUE:\$

\*NOT COVERED UNLESS ITEMIZED

	TOTAL HULL & MACHINERY	VALUE:\$	PREMIUMS
ADDITIONAL PERSONAL EFFECTS (to be listed separately):		VALUE:\$	PREMIUMS
TRAILER: MAKE: SERIAL #: YEAR:		VALUE:\$	PREMIUMS
OPTIONAL COVERAGES:			PREMIUMS
<b>LOSS PAYABLE-</b>	NAME: _____	LIABILITY	(1,000,000)\$ INCL
	ADDRESS: _____	LIABILITY	(2,000,000)\$
	CITY: _____ PROV: _____ POSTAL CODE: _____	POLICY FEE	\$ 35.00
		<b>TOTAL PREMIUM</b>	\$ _____

List all operators of the vessel\*: \_\_\_\_\_ List all auto moving traffic violations and at fault accidents per operator: \_\_\_\_\_  
 (\*Name; date of birth; years of experience; % use; DRIVERS LICENCE NUMBER) (In past 3 years; date of conviction; description, Date of accident; amount paid; description; Indicate if no current drivers licence)

1 \_\_\_\_\_  
 2 \_\_\_\_\_

WHERE IS BOAT MOORED? \_\_\_\_\_ WHERE LAID UP? \_\_\_\_\_  ASHORE  AFLOAT  
 IS BOAT PERMANENTLY MOORED ON A MOORING BUOY?  YES  NO  
 IS YACHT TRANSPORTED OVERLAND?  YES  NO HOW FAR? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_  
 TYPE OF VESSEL:  SAILBOAT  TRAWLER  CRUISER  HIGH PERFORMANCE  HOUSEBOAT  RUNABOUT  SKIBOAT  OTHER \_\_\_\_\_  
 DOES YACHT HAVE:  SLEEPING QUARTERS  GALLEY  HEAD  RADAR  COMPASS  DEPTH FINDER  S/S RADIO  PROPANE LIVE ABOARD  YES  NO  
 FLORAN  GPS  AUTOPILOT  VAPOUR DETECTION SYSTEM  BUILT IN CO<sub>2</sub> OR HALON SYSTEM  FIRE EXTINGUISHERS (No.) \_\_\_\_\_  
 IS YACHT OF FIBREGLASS CONSTRUCTION?  YES  NO, SPECIFY: \_\_\_\_\_ TYPE OF FUEL:  GAS  DIESEL MAX.SPEED: \_\_\_\_\_  
 NO. OF ENGINES: \_\_\_\_\_ MANUFACTURER: \_\_\_\_\_  INBOARD  OUTBOARD  I/O  JET TOTAL HORSEPOWER: \_\_\_\_\_ PLEASURE USE ONLY?  YES  NO  
 NAVIGATIONAL LIMITS REQUESTED: \_\_\_\_\_ HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED?  YES  NO REASON: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING APPLICATION:**  
 This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_  
 BROKERAGE FIRM: \_\_\_\_\_ RETURN FAX NO.: \_\_\_\_\_ SIGNATURE OF BROKER: \_\_\_\_\_  
 BROKER EMAIL: \_\_\_\_\_

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER.  
 THE COMPANY IN ITS SOLE JUDGEMENT MAY ELECT TO ACCEPT OR REJECT ANY APPLICATION.**

**ONTARIO & EASTERN CANADA**  
 140 Fullarton Street, Suite 1904, London, ON N6A 5P2  
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BROKER NAME		BROKER NO.		NEW POLICY <input type="checkbox"/>		
INSURED'S NAME				EFFECTIVE DATE DAY MONTH YEAR		
STREET ADDRESS		CITY		PROVINCE POSTAL CODE		
LOSS PAYEE				EXPIRY DATE DAY MONTH YEAR		
STREET ADDRESS		CITY		PROVINCE POSTAL CODE		
<b>TERM - ONE YEAR</b>						
TYPE OF BOAT		DEDUCTIBLE		HULL TYPE		
<input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> SAILBOAT		<input type="checkbox"/> \$200 <input type="checkbox"/> \$ 1% ALL LOSSES OUTBOARD LEG    \$100 MINIMUM    \$200 MINIMUM		<input type="checkbox"/> MONO <input type="checkbox"/> TRIMARAN <input type="checkbox"/> CATAMARAN		
CONSTRUCTION OF HULL <input type="checkbox"/> FIBREGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD HULLS (MUST BE LESS THAN 10 YEARS OLD FOR OUTBOARDS; LESS THAN 8 YEARS OLD IN/OUT & INBOARD)						
DESCRIPTION OF BOAT (INCLUDING ATTACHED EQUIPMENT)						
YEAR BUILT	LENGTH	MANUFACTURER	MODEL	HULL SERIAL NUMBER		
REGISTRY NUMBER	NAME OF BOAT	DATE OF PURCHASE	PURCHASE PRICE	MAX SPEED <input type="checkbox"/> KPH <input type="checkbox"/> MPH		
DESCRIPTION OF INBOARD-OUTBOARD OR INBOARD ENGINES						
NO. OF ENGINES	MANUFACTURER			HORSE POWER		
DESCRIPTION OF OUTBOARD MOTORS						
NO.	YEAR BUILT	MANUFACTURER	H.P.	SERIAL NUMBER	DATE PURCHASED	PURCHASE PRICE
1						\$
2						\$
MISCELLANEOUS UNATTACHED EQUIPMENT (EXCLUDING SPORTING EQUIPMENT, PERSONAL EFFECTS, FUEL & PROVISIONS)						
DESCRIPTION OF TRAILER						
YEAR BUILT	MANUFACTURER/MODEL			SERIAL NUMBER		
<b>TOTAL LIMIT OF INSURANCE</b> ▶						

**ACTUAL CASH VALUE, EXCEPT REPLACEMENT COST ON HULLS 5 YEARS OLD OR NEWER**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

<b>PREMIUMS</b>		WATERS TO BE NAVIGATED <input type="checkbox"/> COASTAL <input type="checkbox"/> INLAND WATERS (FRESH WATER ONLY)	
1. <b>BASIC PREMIUM</b>			\$ _____
2. <b>DISCOUNTS - MAXIMUM 25% - NOT APPLICABLE ON PROTECTION &amp; INDEMNITY PREMIUMS</b>			
A. PRINCIPAL RESIDENCE WITH CNS (POLICY # _____)	10% DISCOUNT		\$ _____
B. CANADIAN POWER SQUADRON CERTIFICATE	10% DISCOUNT		\$ _____
C. 1 YEAR CLAIMS FREE WITH CNS	5% DISCOUNT		\$ _____
OR			
2 YEARS OR MORE CLAIMS FREE WITH CNS	10% DISCOUNT		\$ _____
3. <b>PROTECTION &amp; INDEMNITY - MUST ADD \$1,000,000 OR \$2,000,000 LIMIT (DISCOUNTS NOT APPLICABLE)</b>			\$ _____
<input type="checkbox"/> \$1,000,000    OR <input type="checkbox"/> \$2,000,000			
4. <b>TOTAL PREMIUM</b>			\$ _____
MINIMUM RETAINED PREMIUMS: OUTBOARD \$100; IN/OUT & INBOARD \$150			

PHOTOGRAPHS & MARINE SURVEYS - PLEASE ATTACH FOR THE FOLLOWING BOATS:			
	OUTBOARDS	INBOARDS OR INBOARD/OUTBOARDS	OTHER
CURRENT PHOTOGRAPHS	OVER 10 YEARS OLD	5 TO 7 YEARS OLD	REFER TO PL MANUAL FOR OTHER PLEASURE CRAFT REQUIRING PHOTOS/SURVEYS
CURRENT MARINE SURVEYS	15 YEARS AND OLDER	8 YEARS AND OLDER	

# GENERAL QUESTIONNAIRE

1. AGE OF INSURED \_\_\_\_\_ 2. OCCUPATION \_\_\_\_\_
3. PREVIOUS INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_
4. THE INSURED HAS OPERATED BOATS FOR \_\_\_\_\_ YEARS
5. OTHER INSURANCE WITH CNS?  YES  NO IF YES, POLICY NUMBER \_\_\_\_\_
6. HOW LONG HAVE YOU KNOWN THE INSURED? \_\_\_\_\_ YEARS
7. PREVIOUS LOSS OR DAMAGE  YES  NO IF MORE THAN ONE LOSS, PLEASE SUBMIT NON-BOUND

DATE OF LOSS	CAUSE	AMOUNT
i)		\$
ii)		\$
iii)		\$

8. HAS ANY COMPANY DECLINED, CANCELLED OR REFUSED TO RENEW SIMILAR INSURANCE?  YES  NO  
IF YES, EXPLAIN AND SUBMIT NON-BOUND \_\_\_\_\_
9. HAS INSURED (AND ALL OPERATORS) COMPLIED WITH CURRENT CANADIAN WATERCRAFT LICENSING REQUIREMENTS?  YES  NO

1. IS BOAT USED EXCLUSIVELY FOR PLEASURE USE?  YES  NO IF NO, EXPLAIN BELOW AND SUBMIT NON-BOUND \_\_\_\_\_

2. ANY OPERATORS OTHER THAN THE INSURED?  YES  NO IF YES, STATE NAME, AGE AND RELATIONSHIP TO USER \_\_\_\_\_

3. WHERE IS BOAT KEPT WHEN NOT IN USE?  HOME  MARINA (NAME) \_\_\_\_\_  
OTHER (DESCRIBE) \_\_\_\_\_

1. COOKING ABOARD?  YES  NO  PROPANE  ELECTRIC  OIL  ALCOHOL  (OTHER)\*
2. REFRIGERATION?  YES  NO  ICE  ELECTRIC (PROPANE REFRIGERATION NOT ACCEPTABLE)  (OTHER)\*
3. HEATING ABOARD?  YES  NO  PROPANE  ELECTRIC  OIL  ALCOHOL  ENGINE  (OTHER)\*  
\*IF (OTHER) SUBMIT NON BOUND
4. IF PROPANE CARRIED ABOARD INDICATE LOCATION OF PROPANE TANK(S) \_\_\_\_\_

5. ALL APPLIANCES AND TANKS ARE PROFESSIONALLY AND SECURELY INSTALLED AND CERTIFIED FOR MARINE USE?  YES  NO  
IF NO, EXPLAIN AND SUBMIT NON-BOUND WITH MARINE SURVEY \_\_\_\_\_

6. HAS THE INBOARD-OUTBOARD OR INBOARD ENGINE OR FUEL SYSTEM, INCLUDING TANK, INSTALLED BY THE MANUFACTURER, BEEN MODIFIED IN ANY WAY?  YES  NO  
IF YES, EXPLAIN AND SUBMIT NON-BOUND \_\_\_\_\_

COVERAGE BOUND IN ACCORDANCE WITH UNDERWRITING GUIDE  NON-BOUND ENQUIRY

### CONSENT AND DISCLOSURE

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 or any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the insured willfully makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited.

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.

I have provided personal information in this document and otherwise and I may in the future provide 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.

Date Issued \_\_\_\_\_ Broker's Signature \_\_\_\_\_ Insured's Signature \_\_\_\_\_



Insured:		Occupation:	
Address (Incl. Postal Code):			
Home Telephone No:    Area Code: (    )		Business Telephone No:    Area Code: (    )	
Loss Payable:			
Address (Incl. Postal Code):			
Name of Vessel:		Licence/Registration No:	
Current Market Value:    \$	Replacement Cost (new vessel cost):    \$		Purchase Price:    \$
Purchase Date:	Type: <input type="checkbox"/> Cruiser <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Sailboat <input type="checkbox"/> Runabout		
Year Built:	Hull Manufacturer:		
Hull Construction:		Vessel Length:    ( Feet)	Beam    (Feet)
Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Stern Drive <input type="checkbox"/> Jet <input type="checkbox"/> Duo Prop <input type="checkbox"/> Stainless Steel Propeller			
Main Engine(s) Manufacturer(s):		HP:	Max Speed:    (Knots)
Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel	Engine Age:	<input type="checkbox"/> Single <input type="checkbox"/> Twin	Outboard Value:    \$
Construction of Fuel Tanks:		Fuel Line Shut-Off Valves: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment: <input type="checkbox"/> Depth Sounder <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> VFH / CB <input type="checkbox"/> Fume Detector <input type="checkbox"/> Autopilot			
Other (please explain):			
Stove Fuel:	Heater Fuel:	Type of Fuel Shut-Off:	
If Propane, is it NFPA Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Refrigerator (propane not acceptable):	
Dinghy Manufacturer:		Dinghy Construction:	
Current Value of Dinghy:    \$	Size:    (Feet)	Age:    (Years)	
Is Dinghy Used for:    Tubing or Other Watersport Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No    Waterskiing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Auxiliary Outboard Manufacturer:		HP:	Age:    (Years)
Current Value of Auxiliary Outboard:    \$		Serial Number:	
Experience as an Owner:    (Years)	As Operator / Crew:    (Years)	Date of Birth:    /    / Day    Month    Year	
What Size & Type of Vessel:			
Previous Loss Experience:			
Operator's Competency Licence: <input type="checkbox"/> Yes <input type="checkbox"/> No		Licence #:	Boating Education: <input type="checkbox"/> Power Squadron <input type="checkbox"/> CYA
Boating Education Other:			
Other Regular Operator(s) Name(s):		Experience:    (Years)	
Size & Type of Boat(s) Operated:		Date of Birth:    /    / Day    Month    Year	
Floating Boathouse Construction:		Age    (Yrs)	Value:    \$
Where is Vessel Moored?		Navigation Area:	
Where is Vessel Stored?		In Locked Building when on Land? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Vessel been Surveyed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Surveyor:	
Is Vessel Used for Pleasure Only? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If Sailboat, is Vessel Raced?  Yes  No  Swiftsure If "Yes" please provide details: \_\_\_\_\_  
 (i.e. races entered, no. of races annually, etc.)

Is Vessel Used For: Tubing or Other Watersport Activities?  Yes  No Waterskiing?  Yes  No

Live-a-Board?  Yes  No If "Yes", Value of Personal Belonging: \$ \_\_\_\_\_

Any Motor Vehicle Convictions or Suspensions?  Yes  No List Names, Dates & Description: \_\_\_\_\_

Any Cancellation or Refusal of Coverage?  Yes  No Previous Insurance Company: \_\_\_\_\_

Boat Trailer Manufacturer: \_\_\_\_\_ Age (Years) \_\_\_\_\_ Current Market Value: \$ \_\_\_\_\_

**SKIPPER CHARTERING:**

Maximum Number of Days: \_\_\_\_\_ Maximum Number of Passengers: \_\_\_\_\_

Type of Chartering (fishing, sightseeing, etc.) \_\_\_\_\_ Is this your primary source of income?  Yes  No

**NOTE: Bareboat, Overnight, Serving of Food, or Alcohol - Coverage Not Available**

The information on this form is true and complete, but my signature in no way obligates me to accept the quotation, nor is the Insurer obligated to accept the risk.

\_\_\_\_\_ X  
 Dated Owner(s) Signature(s)

**Insurance Limits**

Insured Value		Deductible		Serial / HIN Number		Premium	
Hull & Machinery:	\$ _____	Hull:	\$ _____	Hull:	_____	Effective Date:	
Stern Drive Leg:	\$ Included	Leg:	\$ Included	Leg:	_____		
Outboard Motor:	\$ _____	O/B Motor:	\$ _____	O/B:	_____		
Dinghy:	\$ _____	Dinghy:	\$ _____			Survey Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Aux. O/B:	\$ _____	Aux. O/B:	\$ _____				
TOTAL	\$ _____	Rate:	% _____			PREMIUM:	\$ _____
Boat - Trailer:	\$ _____	Boat - Trailer	\$ _____			PREMIUM:	\$ _____
Boathouse:	\$ _____	Boathouse:	\$ _____			PREMIUM:	\$ _____
P & I Limits	\$ _____	Waterskiing Sublimit:	\$ _____			PREMIUM:	\$ _____
						TOTAL PREMIUM:	\$ _____

**This Section for Broker Use Only**

Number of Years Owner(s) known to Broker: \_\_\_\_\_

**So far as has come to our attention, the responses of the Owner(s) on this application are true and complete. To the best of our knowledge, there is no other circumstance material to the risk.**

Name & Address of Broker: \_\_\_\_\_

\_\_\_\_\_ X  
 Dated Signature of Broker

**Remarks**

\_\_\_\_\_