

SECTION 1: APPLICANT INFORMATION

1. Name(s) of Registered Owners: _____
2. Mailing Address: _____
3. Phone: _____ Cell Phone: _____ Email: _____
4. Lienholder(s), please list all if more than one:

5. Lienholder(s) Address(es):

SECTION 2: UNDERWRITING INFORMATION

1. Number of Years as Owner: _____
2. Number of Years as Operator: _____
3. Any navigational courses (excluding mandatory online safety course)? Yes No
If yes, what type and how many hours? _____
4. Name(s) of any Additional Operator(s):

5. Date(s) of Birth for all Registered Owners and Additional Operator(s):

6. Have any registered owner(s) or additional operator(s) had major automobile convictions? Yes No
If yes, please specify type of offence and the date:

7. Have any registered owner(s) or additional operator(s) had their automobile license revoked in the last three years? Yes No
8. Type of Vessel:
 Bass Boat Jet Boat Cruiser Cuddy Cabin Inflatable Ski
 High Performance PWC (1 seat) PWC (2 seats) PWC (3-4 seats)
 Fishing Pontoon Deck Boat Runabout Sports Boat Sailboat



9. Hull Type:
 Steel Aluminum Wood Ferrocement Fiberglass Homemade/Craft
10. Engine Type:
 Inboard In/Out Outboard Jet
11. Number of Engines? _____ Number of HP? _____
12. Length (feet)? _____ Maximum Speed (mph)? _____
13. Additional Information:
 Berth Toilet Stove Refrigerator Homemade
 Damaged - please explain: _____
 Commercial Use - please explain: _____
 Anti-theft system? **If yes**, make/model: _____
14. Vessel Value including Taxes:

	Year	Make/Model	Serial Number	Value
Hull				
Main Engine / Motor				
Auxiliary Motor				
Tender				
Trailer				
Other:				

15. Is the vessel currently for sale? Yes No
16. Liability Limit: \$1,000,000 \$2,000,000
17. Minimum Deductible (subject to 1% or 2% depending on the vessel):
 \$500 \$750 \$1,000 \$1,500 \$2,000
18. Options: Sterndrive Engine Exclusion Theft Exclusion

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy #: _____
2. Expiring Premium: _____ Expiry Date: _____
3. Is the above Insurer offering renewal? Yes No
If yes, renewing premium: _____
If no, please advise why not:

4. Requested Effective Date: _____



5. Claims Experience. Describe all liability losses or incidents paid, or reserved, for the last 5 years (include dates and amounts):

6. Does the applicant agree to a soft credit check to be kept by broker? Yes No
Premium savings may be available.

SECTION 4: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

It is understood and agreed that all operators must be in compliance with all government regulations and licensing requirements. I confirm the item(s) above are not currently for sale, or subject to significant damage or repair at this time.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Signature of Applicant

Date (MM/DD/YYYY)

Additional Applicant's Name
(Please print)

Signature of Additional Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____

Brokerage Name: _____

Email: _____

Address: _____

Phone: _____

City / Province: _____

Fax: _____

Postal Code: _____

