

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:		



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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