

# PLEASURE CRAFT COMMERCIAL SUPPLEMENT

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

## 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 \_\_\_\_\_