



Name of Owner(s): _____

Name of Marina: _____

(If private moorage, a recent survey must accompany this form)

Boathouse Construction Material: _____

Pitched Roof: Yes No

Adjoining to other structures: Yes No

Age of Boathouse: _____

Date of Last Survey: _____

Current Market Value: _____

Replacement Cost: _____

Any living quarters built in? Yes No If yes, please describe: _____

Equipped with any utilities? Yes No If yes, please describe: _____

Were Utilities Professionally Installed? Yes No

Any fuel and/or flammables stored in the boathouse? Yes No If yes, please provide types and quantities: _____

Any contents and/or tools stored in the boathouse? Yes No If yes, please describe (include the values of each item): _____

Type of lock on the boathouse: _____

INSURANCE REQUIRED from: _____ to: _____

LOSS PAYEE: _____

Address: _____

PREVIOUS INSURERS: _____

Have you ever had your insurance cancelled by insurers? Yes No If so, please provide details: _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited 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 in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

AGENT/BROKER: _____

SIGNATURE OF OWNERS: _____ **DATE:** _____