



Name of Owner(s): _____ Occupation: _____

Address: _____

HULL: Name of Boat: _____

Year Built: _____ Length: _____ Manufacturer/Builder: _____

Purchased (Mo/Yr): from: _____ Price: \$ _____

Current Market Value (excluding value of outboard motor if applicable): \$ _____

Estimated New Replacement Value: \$ _____

Surveyed by: _____ Date of Survey: _____

Hull Construction: Fibreglass Wood Aluminum Steel Fibreglass over Wood

Design Type: _____

MOTORS:

Main Engine: Type: _____ Manufacturer: _____ Gas Diesel

Year Built: _____ H.P.: _____ Serial Number: _____ Current Market Value: _____

Aux. Motor: Type: _____ Manufacturer: _____ Gas Diesel

Year Built: _____ H.P.: _____ Serial Number: _____ Current Market Value: _____

Aux. Motor: Type: _____ Manufacturer: _____ Gas Diesel

Year Built: _____ H.P.: _____ Serial Number: _____ Current Market Value: _____

Maximum Speed of vessel: _____ knots m.p.h. k.p.h.

OPERATING AREA: Where is the vessel moored? _____

DETAILS OF OPERATIONS: Number of Passengers: Maximum: _____ Average: _____

Does the insured operate all year round? Yes No If not, please provide details of when the insured operates:

NAME OF OPERATORS	Birth Date	Years As Operator/Crew	Size & Type of Vessels Operated	Boating Education/Courses



LOSS EXPERIENCE:

Have you or any operator listed had any losses or accidents involving vessels? Yes No If yes, please complete the following:

	Date of Loss	Cause	Amount
1.			
2.			
3.			
4.			
5.			

COVERAGES:

Amount of Insurance Required (Not to exceed current market values)

- (a) Hull & Machinery \$ _____
- (b) Protection & Indemnity \$ _____

INSURANCE REQUIRED from: _____ to: _____

LOSS PAYEE: _____

Address: _____

PREVIOUS INSURERS: _____

The above information is warranted by the applicant to be true and complete in all respects as a basis on which insurance may be granted, but in no manner requires the applicant to accept any quotation nor binds any insurers to the risk.

AGENT/BROKER: _____

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