

# PLEASURE CRAFT APPLICATION

THIS IS AN APPLICATION FOR INSURANCE ON A BOAT USED SOLELY FOR PRIVATE PLEASURE PURPOSES.



Applicant

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City and Province \_\_\_\_\_ Postal Code \_\_\_\_\_

*Check all that apply*

I am the registered owner of this vessel

I am **not** the registered owner of this vessel

Vessel is registered under a Commercial Business name

GST Registered

Broker

Name & Code \_\_\_\_\_ Reference # \_\_\_\_\_ Existing Royal & SunAlliance # \_\_\_\_\_

Representative \_\_\_\_\_

First Mate Quoting System  Vessel Addition

First Mate Platinum  Vessel Substitution

Effective Date (D/M/Y) \_\_\_\_\_

12:01 A.M. Standard Time at the Address of the Applicant as stated herein

Leinholder

Loss, if any, payable to \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

**Company Use**

Policy # \_\_\_\_\_ NC

QC

Date \_\_\_\_\_ QU

Operator(s) Experience

**LOSS DETAILS** List all details and amounts of all losses or claims arising from the ownership or operation of any boat by the applicant within the past **5 years**.

NAME <i>Attach separate list for additional operators</i>	YRS OWNED Current Vessel	YRS OPERATED Previous Vessel(s)	VESSEL TYPE(S) Previous Vessel(s)	BOATING COURSE(S) / OPERATOR CARD # <i>Attach copies of certificates / memberships</i>
① _____	_____	_____	_____	_____
② _____	_____	_____	_____	_____

Vessel History

*Check all that apply*

Vessel has existing un-repaired damage

Vessel has been previously repaired

Vessel has been modified from the original design or specifications

History Details \_\_\_\_\_

Last Survey Date \_\_\_\_\_

Include copy of latest survey.

Navigation

Mooring (*Marina*) \_\_\_\_\_ Winter Lay-up (*Marina*) \_\_\_\_\_

Afloat All Year

Ashore

Areas of Operation \_\_\_\_\_

Vessel Description

<p><b>TYPE</b></p> <p><input type="radio"/> Powerboat</p> <p><input type="radio"/> Sailboat</p> <p><b>CONFIGURATION</b></p> <p><input type="radio"/> Multi-Hull</p> <p><input type="radio"/> Pontoon</p> <p><input type="radio"/> Open Runabout</p> <p><input type="radio"/> Cabin Cruiser</p> <p><input type="radio"/> Other (<i>Describe</i>) _____</p> <p><b>SAFETY</b></p> <p><input type="radio"/> Alarm <input type="radio"/> Prop Lock <input type="radio"/> Trailer Lock</p> <p><input type="radio"/> Theft Recovery System <input type="radio"/> Drive Lock System</p>	<p><b>CONSTRUCTION</b></p> <p><input type="radio"/> Fiberglass</p> <p><input type="radio"/> Fiberglass with Metallic Flake Finish</p> <p><input type="radio"/> Aluminum</p> <p><input type="radio"/> Steel</p> <p><input type="radio"/> Wood or Fiberglass over Wood</p> <p><input type="radio"/> Other (<i>Describe</i>) _____</p>	<p><b>VESSEL</b></p> <p>Year _____</p> <p>Manufacturer _____</p> <p>Model _____</p> <p>Length Overall _____</p> <p>Name _____</p> <p>Registration # _____</p> <p>Serial # _____</p>	<p><b>MAIN ENGINE</b></p> <p><input type="radio"/> Outboard <input type="radio"/> Gas</p> <p><input type="radio"/> Inboard / Outboard <input type="radio"/> Diesel</p> <p><input type="radio"/> Inboard <input type="radio"/> Electric</p> <p><input type="radio"/> Jet Drive <input type="radio"/> Twin</p> <p><input type="radio"/> Stainless Prop <input type="radio"/> Triple</p> <p>Year and Manufacturer _____</p> <p>Total Horsepower _____</p> <p>Engine(s) Serial # _____</p> <p>Max. Rated Speed _____</p> <p style="text-align: right;">MPH</p>	<p><b>APPLIANCES</b></p> <p>Stove Fuel <input type="radio"/> Electric <input type="radio"/> Propane</p> <p>Heater Fuel <input type="radio"/> Electric <input type="radio"/> Propane</p> <p>Fridge Fuel <input type="radio"/> Electric <input type="radio"/> Propane</p> <p>If any propane appliances, is there: <i>(Check all that apply)</i></p> <p><input type="radio"/> Pilot Light(s)</p> <p><input type="radio"/> Auto Shut-off</p> <p><input type="radio"/> Emergency Shut-off</p> <p><input type="radio"/> Gas Sniffer</p>
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# PLEASURE CRAFT APPLICATION

<b>Accessories</b>	<input type="radio"/> Tender <input type="radio"/> Outboard Motor <input type="radio"/> Generator <input type="radio"/> Auxiliary Motor	<input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Other	<input type="radio"/> Tender <input type="radio"/> Outboard Motor <input type="radio"/> Generator <input type="radio"/> Auxiliary Motor	<input type="radio"/> Gas <input type="radio"/> Other <input type="radio"/> Diesel <input type="radio"/> Electric		
	Manufacturer _____	Year _____	HP / Length _____	Manufacturer _____	Year _____	HP / Length _____
	Serial # _____	Value _____	_____	Serial # _____	Value _____	_____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Accessories</b>	<input type="radio"/> Tender <input type="radio"/> Outboard Motor <input type="radio"/> Generator <input type="radio"/> Auxiliary Motor	<input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Other	<input type="radio"/> Tender <input type="radio"/> Outboard Motor <input type="radio"/> Generator <input type="radio"/> Auxiliary Motor	<input type="radio"/> Gas <input type="radio"/> Other <input type="radio"/> Diesel <input type="radio"/> Electric		
	Manufacturer _____	Year _____	HP / Length _____	Manufacturer _____	Year _____	HP / Length _____
	Serial # _____	Value _____	_____	Serial # _____	Value _____	_____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<b>Trailer / Cradle</b>	<input type="radio"/> Trailer    Year _____	<input type="radio"/> Self Powered    Manufacturer & Serial # _____	Value _____
	<input type="radio"/> Cradle	<input type="radio"/> Hydraulic Lift	\$ _____
	<input type="radio"/> Trailer    Year _____	<input type="radio"/> Self Powered    Manufacturer & Serial # _____	Value _____
	<input type="radio"/> Cradle	<input type="radio"/> Hydraulic Lift	\$ _____

<b>Coverages &amp; Limits Required</b>	Hull & Machinery	Electronic Equipment	Accessories (Total)	Sum Insured Premium including all Credits & Surcharges Premium \$ _____ Trailer Premium \$ _____ Excess P/E Premium \$ _____ P&I / "Plus" Premium \$ _____ <b>Total Premium \$ _____</b>
	\$ _____	+\$ _____	+\$ _____	
	H&M Deductible	<input type="radio"/> Included If scheduled list of equipment is required, attach separate list indicating values for all equipment.	Total Sum Insured	
	<input type="radio"/> First Mate <input type="radio"/> Complete <input type="radio"/> Simply P&I <input type="radio"/> Lakestar <input type="radio"/> 1 <sup>st</sup> Claim Protection <input type="radio"/> Extended Replacement Cost Protection	<input type="radio"/> "Plus" Package	Trailer / Cradle (Total) \$ _____ Personal Effects \$ _____ Protection & Indemnity \$ _____	
	= \$ _____			
	Total Premium \$ _____			

<b>Commercial Applicant</b>	<b>If Vessel is registered under or Applicant is a Commercial Business name, this section must also be completed.</b>		<b>Previous Insurance</b>	
	Name of Principal Operator / Owner _____	Position in Company _____		Present / Previous Insurer _____
	List all intended operations of the vessel _____			Present / Previous Policy # _____
		Has any company ever cancelled insurance of this description. <input type="radio"/> Yes <input type="radio"/> No	Reason for cancellation _____	

<b>Declarations and Signature</b>	Signature of Applicant _____
The undersigned represents and warrants to Royal & SunAlliance, either as the registered owner, or as the person duly authorized by the registered owner to complete and sign this application on its behalf, that the statements set forth in this Application are true and correct and acknowledges that Royal & SunAlliance is relying solely upon such representation and warranty as the basis for any insurance that may be granted to the applicant.  The undersigned agrees that: (i) the signing of this application does not bind them, the registered owner or Royal & Sun Alliance to effect insurance; (ii) if there is any change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent in writing to Royal & Sun Alliance, and any outstanding quotation may be modified or withdrawn; and (iii) Royal & Sun Alliance is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.	Signature of Authorized Representative – Commercial Applicant _____
	Date _____

**Any person, who knowingly or with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading the insurer, information concerning any fact material thereto, commits a fraud.**