

Coast Underwriters Limited

Marine Insurance Managers

PLEASURECRAFT APPLICATION

Suite 2690 – PO Box 11519 650 West Georgia Street
Vancouver, BC V6B 4N7



Broker				Owner(s) Name and Mailing Address:			
Name				Name			
Street				Street			
City/Province				City/Province			
Postal code				Postal code			
Phone		Fax		Occupation:			
E-Mail Address:				E-Mail Address:			
<input type="checkbox"/> Quote		<input type="checkbox"/> New Risk		<input type="checkbox"/> Substitution of Vessel		<input type="checkbox"/> Additional Vessel	
<input type="checkbox"/> Fibreglass		<input type="checkbox"/> Wood		<input type="checkbox"/> Aluminum		<input type="checkbox"/> Steel	
<input type="checkbox"/> Sailboat		<input type="checkbox"/> Catamaran		<input type="checkbox"/> Trimaran		<input type="checkbox"/> Houseboat	
<input type="checkbox"/> Powerboat		<input type="checkbox"/> In/out motor		<input type="checkbox"/> Outboard motor		<input type="checkbox"/> Inboard Motor	
				<input type="checkbox"/> F/G over Wood		<input type="checkbox"/> Fabric	
				<input type="checkbox"/> Inflatable		<input type="checkbox"/> Cruise-a-Home	
				<input type="checkbox"/> Jet Motor		<input type="checkbox"/> Electric	
Purchase Price			Purchased Date			Purchased From	
Year built	Length	Width	Vessel Manufacturer & Model			Current Market Value	
Main Engine Year	Manufacturer		HP	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	Serial No.	Current Market Value	
Aux. O/B Motor Year	Manufacturer		HP	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	Serial No.	Current Market Value	
CDN Coast Guard Vessel Licence #		Hull Identification Serial Number			Vessel Given Name		
Surveyed	Surveyed by		Surveyed date	Surveyed Value		Replacement Cost	
Yes No							
Maximum Capable Operating Speed			MPH	Meets Coast Guard Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No			
Stove	<input type="checkbox"/> Electric		<input type="checkbox"/> Propane		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Diesel
Refrigerator	<input type="checkbox"/> Electric		<input type="checkbox"/> Ice box		<input type="checkbox"/> AC/DC		<input type="checkbox"/> Propane
Propane Appliance	<input type="checkbox"/> Pilot Light		<input type="checkbox"/> Auto Shut-off		<input type="checkbox"/> Emergency Shut-off		<input type="checkbox"/> Gas Sniffer
Tender/Dinghy Manufacturer	Year	Length	Serial Number	License Number (if o/b over 9.9 hp)		Current Market Value	
Is Tender / Dinghy used as a separate Pleasure craft						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Tender / Dinghy occasionally used for waterskiing?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat Trailer - Year	Manufacturer			Serial #		Current Market Value	
Owned Boathouse Year	Length x Width		Construction Type		Marina Location		Current Market Value
Where is Vessel Moored? Marina Name							
Is vessel on a buoy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please refer to Underwriters							
Where is Vessel Stored? (if different from place of moorage)							
Primary Operating area (please show location(s))							
Navigating Limits		<input type="checkbox"/> Fresh Water		<input type="checkbox"/> Coastal Waters		<input type="checkbox"/> Coastal & Fresh Water	

Coast Underwriters Limited
 Marine Insurance Managers
PLEASURECRAFT APPLICATION
 (continued)



Private Pleasure Use Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Sports? <input type="checkbox"/> Yes <input type="checkbox"/> No	Raced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Live-aboard <input type="checkbox"/> Yes <input type="checkbox"/> No
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Used for occasional pleasure charter or occasional commercial purposes? Yes No
 If yes, attach complete details, provide name and experience of skipper(s) if other than owner(s) or regular operator(s)

Name of Operator	Birth Date	Years as Owner	Size owned past 5 years	Years as Operator	Size operated
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Boating Education <input type="checkbox"/> Masters or Captains Ticket	<input type="checkbox"/> Pleasure Craft Operator Card <input type="checkbox"/> Pilot	<input type="checkbox"/> Power Squadron Course / CYA <input type="checkbox"/> Other (specify)
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Name of Operator	Birth Date	Years as Owner	Size owned past 5 years	Size owned 5+ years ago	Size operated
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Boating Education <input type="checkbox"/> Masters or Captains Ticket	<input type="checkbox"/> Pleasure Craft Operator Card <input type="checkbox"/> Pilot	<input type="checkbox"/> Power Squadron Course / CYA <input type="checkbox"/> Other (specify)
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Please attach complete details for additional operators, if any

Has Insurance ever been declined? or been cancelled by Insurers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any operator listed above had your driver's licence suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes to either question, please provide complete details

Have you or any operator listed above had any boat losses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please provide complete the following

Date of Loss	Cause	Total Amount	Name of Insurer

COVERAGES	AMOUNT OF INSURANCE	DEDUCTIBLE	PREMIUM
Insured Vessel	\$	\$	
Electronic Equipment Included			
Outboard Motor	\$	\$	
Auxiliary Outboard Motor	\$	\$250	
Tender	\$	\$250	
Total Hull & Machinery	\$		\$
Owned Boathouse	\$	\$500	\$
Personal Effects	\$	\$250	\$
Owned Boat Trailer	\$	\$250	\$
Protection & Indemnity	\$		\$
<input type="checkbox"/> Replacement Cost (original owner of vessel up to three years of age)			\$
<input type="checkbox"/> Claims Protection			\$
TOTAL PREMIUM			\$

- This includes:
- Emergency Towing: \$2,500 no deductible
 - Preventative Costs
 - Uninsured / Underinsured vessel: Up to a maximum of the P&I Limit
 - Loss of Use & Additional Living Expenses:
 - \$500 per day, maximum \$5,000
 - Emergency Medical Payments: up to a maximum of \$10,000

Loss Payee and Address	Previous Insurer(s) and Policy Number
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EFFECTIVE FROM:	EFFECTIVE TO:
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SIGNATURE OF OWNER(S) Date	I UNDERSTAND THE ABOVE INFORMATION, WHICH IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS OF INSURANCE, IF GRANTED, BUT DOES NOT OBLIGATE ME TO ACCEPT THE INSURANCE NOR THE COMPANY TO ACCEPT THIS RISK.
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For complete Policy Wordings, Navigating Limits and Privacy Policy, please refer to our web site: www.coast-uw.com