

Date of Cover Required: From _____ to _____

Broker: _____ office use only
Office: _____ office use only

Owner(s): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Contact Number: _____

Alternative Number: _____

Contact Email: _____

Occupation: _____

Loss Payee: _____

Vessel Year: _____

Length: _____ ft

Builder: _____

Model: _____

S/N: _____

Licence/Reg No.: _____

Date Purchased: _____

Purchase Price: \$ _____

Vessel Type: Inboard: _____ Outboard: _____ Inboard/Outboard: _____ Jet: _____
Hull: Fiberglass: _____ Aluminum: _____ Other: _____

Values:
 Current Value of Hull: _____ Current Value of Aux Outboard: _____
 Current Value of Outboard: _____ Current Value of Trailer: _____
 Serial No. of Trailer: _____

Engines:

	Number	Year	Make	HP	Serial No. (If Outboard)	Prof. Rebuilt? Date	Gas / Diesel
Main							
Aux							
Other							

Max. Speed _____ MPH

No Previous Insurance:

Previous Insurer: _____

Policy No.: _____ Expiry Date: _____

Has insurance ever been declined or cancelled? Yes No

If Yes, give details: _____

Name of Owner (s) & Operators	Yr. Of Birth	No. of Yrs. As Boat Operator	Length & Type of Boat Operated

Have any Owner(s) or Operator (s) had any losses or marine related insurance claims in the past five years? Yes No

If Yes, provided details: _____

Have any Owner(s) or Operator (s) had any motor vehicle convictions in the past five years or any convictions with regard to the operation of vessel? Yes No

If Yes, provided details: _____

Have any Owner(s) or Operator(s) had their drivers license suspended? Yes No

If Yes, provide details on reverse.

Is the vessel operated on freezing lakes? Yes No

If Yes, provide details: _____

Land Storage Location / Security: _____

In Locked building when on land? Yes No

If No, Provide details: _____

Losses

Show all losses in past five years: _____

Date of loss	Insuring Company	Types of Loss	Amount Paid

MOTOR OR MARINE RELATED VEHICLE CONVICTIONS & SUSPENSIONS

List: Owner(s) & Operator(s) name(s) date and description of conviction and suspensions

SCHOOL, CLINIC AND TOURNAMENT USE

1. Number of tows per year? _____

2. Are all Coaches certified by WSWBC or WSWC Yes No

If no, provide details of certification _____

CONSENT & DISCLOSURE

Where (a) an applicant for this contract gives false particulars to the prejudice of the insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the insured makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited.

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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. I authorize my broker or insurance company or to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my 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