



Yacht Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province: Postal code:

OPERATORS

Principal operator name: Date of birth:

Nautical courses: Occupation:

Navigation experience (similar vessel):

Suspended driver's license in the last 2 years: Yes No Demerit point loss: Yes No

Marine insurance claim in the last 3 years: Yes No Losses over \$5,000 in the last 5 years: Yes No

Other operator's name: Date of birth:

Nautical courses: Occupation:

Navigation experience (similar vessel):

Suspended driver's license in the last 2 years: Yes No Demerit point loss: Yes No

Marine insurance claim in the last 3 years: Yes No Losses over \$5,000 in the last 5 years: Yes No

Other operator's name: Date of birth:

Nautical courses: Occupation:

Navigation experience (similar vessel):

Suspended driver's license in the last 2 years: Yes No Demerit point loss: Yes No

Marine insurance claim in the last 3 years: Yes No Losses over \$5,000 in the last 5 years: Yes No

Any occasional operators between the the ages of 18 and 21 that will operate the vessel: Yes No

HULL

Year: Manufacturer: Model:

Length: Name of vessel: Maximum speed:

Construction: Steel Aluminum Wood Fibreglass Other:

Modified: Yes No Purchase price: \$ Current market value: \$

Date of purchase: Registration no.: Serial no.:

Anti-theft device: Yes No

Type: Sail Cruiser PWC (jet ski) Deckboat Runabout
 Jet boat Air boat Houseboat Cuddy cabin Performance (over 45mph)
 Trawler Pontoon Catamaran Bowrider

MOTORS

Year: Manufacturer:
Number of motors: Type: Outboard Semi-Integrated Inboard Jet
Horsepower per motor: Fuel: Gas Diesel Engine modifications: Yes No
Serial number(s):
Sterndrive serial numbers: Value: \$

AUXILIARY OUTBOARD

Year: Manufacturer:
Horsepower: Serial numbers: Value: \$

TENDER

Year: Manufacturer: Model:
Length: Serial number: Value: \$

TRAILER/CRADLE

Year: Manufacturer: Model:
Length: Serial number: Value: \$

NAVIGATION

Navigation area:
Is vessel on: Mooring Dock Boat lift Trailer
Is winter lay up in marina: Yes No Other: Name of location:
 Interior Exterior

EQUIPMENT

CO2 detector: Yes No Alarm system: Yes No Boomerang: Yes No
Compass: Yes No Marine chart: Yes No GPS: Yes No
Speed indicator: Yes No Loran C: Yes No Auto pilot: Yes No
Radar: Yes No Depth sounder: Yes No VHF radio: Yes No
CB radio: Yes No Cellular phone: Yes No Vapour detection system: Yes No
Fuel detector: Yes No

Stove: Electric Alcohol Alcohol/electric Kerosene Propane
Heater: None Electric Icebox (Propane refrigerators are not accepted)
Bilge Pumps: Automatic Electric Manual
Extinguishers: CO2 Halon Automatic Number of extinguishers:
Propane on board: Yes No Propane detector: Yes No Approved for marine use: Yes No

All propane tanks must be in a ventilated locker

LIABILITY

Limit required: \$1,000,000 \$2,000,000
Race or competition: Yes No Live aboard: Yes No Water sports: Yes No
Commercial activities: Yes No

INSURANCE

First policy: Yes No Previous insurer: Expiry date:

Have you ever had a previous policy cancelled: Yes No

If 'Yes' please explain:

Has the boat been surveyed: Yes No If 'Yes' please provide a copy

Loss history for the last 3 years:

Year	Premium paid	Losses paid	Details
2008	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Lien holder (full name and address:

ADDITIONAL INFORMATION

Additional information:

All applicants must ensure that the above vessel has not experienced a hurricane season before purchase.

All applications for vessels over 15 years of age (10 for wood) must be accompanied by a current full condition and valuation marine survey.

All applications must be accompanied with a copy of the insured's Pleasure Craft Card.

I/We hereby declare that the above information is true and that I/we have not withheld any information of a material nature. Any policy subsequently issued will be based on the truth of this information.

Date:

Applicant's signature:

Broker's signature: