

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 _____

Representative _____

Quote

Reference # _____

First Mate Quoting System

First Mate Platinum

Policy

Existing Royal & SunAlliance # _____

Vessel Addition

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 <input type="checkbox"/>
_____	QC <input type="checkbox"/>
Date _____	QU <input type="checkbox"/>

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>TYPE</p> <p><input type="radio"/> Powerboat</p> <p><input type="radio"/> Sailboat</p> <p>CONFIGURATION</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>SAFETY</p> <p><input type="radio"/> Alarm</p> <p><input type="radio"/> Theft Recovery System</p>	<p>CONSTRUCTION</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><input type="radio"/> Prop Lock</p> <p><input type="radio"/> Drive Lock System</p>	<p>VESSEL</p> <p>Year _____</p> <p>Manufacturer _____</p> <p>Model _____</p> <p>Length Overall _____</p> <p>Name _____</p> <p>Registration # _____</p> <p>Serial # _____</p>	<p>MAIN ENGINE</p> <p><input type="radio"/> Outboard</p> <p><input type="radio"/> Inboard / Outboard</p> <p><input type="radio"/> Inboard</p> <p><input type="radio"/> Jet Drive</p> <p><input type="radio"/> Stainless Prop</p> <p>Year and Manufacturer _____</p> <p>Total Horsepower _____</p> <p>Engine(s) Serial # _____</p> <p>Max. Rated Speed _____</p> <p>MPH</p>	<p>APPLIANCES</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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Accessories	<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 _____	Value _____	Serial # _____	Value _____	Value _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Trailer / Cradle	<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	\$ _____

Coverages & Limits Required	Hull & Machinery	Electronic Equipment	Accessories (Total)	Sum Insured Premium including all Credits & Surcharges Premium Trailer Premium Excess P/E Premium P&I / "Plus" Premium Total Premium \$
	\$ _____	+\$ _____	+\$ _____	
	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 st Claim Protection <input type="radio"/> Extended Replacement Cost Protection	<input type="radio"/> "Plus" Package	Trailer / Cradle (Total)	
			Personal Effects	
			Protection & Indemnity	

Commercial Applicant	If Vessel is registered under or Applicant is a Commercial Business name, this section must also be completed.		Previous Insurance	
	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 _____	

Declarations and Signature	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.	Signature of Applicant _____
	The undersigned agrees that:	Signature of Authorized Representative – Commercial Applicant _____
	(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.	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.