

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><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</p> <p><input type="radio"/> Theft Recovery 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</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 style="text-align: right;">MPH</p>	<p><b>APPLIANCES</b></p> <p>Stove Fuel <input type="radio"/> Electric</p> <p><input type="radio"/> Propane</p> <p>Heater Fuel <input type="radio"/> Electric</p> <p><input type="radio"/> Propane</p> <p>Fridge Fuel <input type="radio"/> Electric</p> <p><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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