

PLEASURE CRAFT APPLICATION

THIS IS AN APPLICATION FOR INSURANCE ON A BOAT USED SOLELY FOR PRIVATE PLEASURE PURPOSES.

Tel: _____

Fax: _____

e-mail: _____



Ogilvy & Ogilvy

Insurance since 1924

T:416-777-2722 F: 416-777-2716

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

Applicant

Full Name _____

Street Address _____

City and Province _____ Postal Code _____

Broker

Quote / Sub

Reference # _____

Sub _____

Policy

-
- 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 / CLAIMS (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 and Driver's Licence Number <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 _____ Date of Last Survey _____ Survey required on all vessels 15 years old and over

Vessel has existing un-repaired damage No Yes (explain) _____

Vessel has been previously repaired No Yes (explain) _____

Vessel has been modified from the original design or specifications No Yes (explain) _____

Navigation

Mooring Location (Marina) Inside Outside Secure _____

Winter Lay-up Location Home Marina Ashore Afloat All Year Live aboard

Vessel Description

TYPE	CONSTRUCTION	VESSEL	MAIN ENGINE(S)	APPLIANCES
<input type="radio"/> Powerboat <input type="radio"/> Sailboat CONFIGURATION <input type="radio"/> Perf V <input type="radio"/> Perf Cat <input type="radio"/> Runabout <input type="radio"/> Bass <input type="radio"/> Yacht <input type="radio"/> Other (Describe) _____	<input type="radio"/> Fiberglass <input type="radio"/> Fiberglass with Metallic Flake Finish <input type="radio"/> Aluminum <input type="radio"/> Steel <input type="radio"/> Wood or Fiberglass over Wood <input type="radio"/> Other (Describe) _____	Year _____ Manufacturer _____ Model _____ Length Overall _____ Name _____ Registration # _____ Serial # _____	<input type="radio"/> Outboard <input type="radio"/> Gas <input type="radio"/> Inboard / Outboard <input type="radio"/> Diesel <input type="radio"/> Inboard <input type="radio"/> Single <input type="radio"/> Jet Drive <input type="radio"/> Twin <input type="radio"/> Stainless Prop <input type="radio"/> Triple Year and Manufacturer _____ Total Horsepower _____ Engine(s) Serial # _____ Max. Rated Speed _____ MPH	<input type="radio"/> Electric <input type="radio"/> Propane Stove Fuel _____ <input type="radio"/> Electric <input type="radio"/> Propane Heater Fuel _____ <input type="radio"/> Electric <input type="radio"/> Propane Fridge Fuel _____ If any propane appliances, is there: (Check all that apply) <input type="radio"/> Pilot Light(s) <input type="radio"/> Auto Shut-off <input type="radio"/> Emergency Shut-off <input type="radio"/> Gas Sniffer
SAFETY				
<input type="radio"/> Alarm <input type="radio"/> Prop Lock <input type="radio"/> Trailer Wheel Lock <input type="radio"/> Boomerang <input type="radio"/> Drive Lock				

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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 \$		Serial #	Value \$	
	<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	

Trailer / Cradle	<input type="radio"/> Trailer <input type="radio"/> Self Powered <input type="radio"/> Cradle Year <input type="radio"/> Hydraulic Lift Manufacturer & Serial #	\$
	<input type="radio"/> Trailer <input type="radio"/> Self Powered <input type="radio"/> Cradle Year <input type="radio"/> Hydraulic Lift Manufacturer & Serial #	\$
		Value
		Value

Hull & Machinery	Electronic Equipment	Accessories (Total)	
\$	+ \$	<input type="radio"/> Included + \$	
H&M Deductible	If scheduled list of equipment is required, attach separate list indicating values for all equipment.	= \$	⇒
Rating	Group	Total Sum Insured	
		\$	⇒
		Trailer / Cradle (Total)	
		\$	⇒
		Personal Effects	
		\$	⇒
		Protection & Indemnity	
Total Premium			\$

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	
<p>The undersigned represents and warrants to the insurer, 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 the insurer is relying solely upon such representation and warranty as the basis for any insurance that may be granted to the applicant.</p> <p>The undersigned agrees that:</p> <p>(i) the signing of this application does not bind them, the registered owner or the insurer to effect insurance;</p> <p>(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 the insurer, and any outstanding quotation may be modified or withdrawn; and</p> <p>(iii) The insurer is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.</p>	Signature of Applicant Signature of Authorized Representative – Commercial Applicant 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.