

APPLICATION FOR BAREBOAT CHARTERS (Houseboats/Cruisers/Sailboats)

1. Applicants Name and Mailing Address:	
2. Number of years in business:	
3. Additional related experience:	
4. Principal's experience operating boats:	
5. Usual Operating Season:	
6. a. Annual Gross Receipts:	b. Number of rentals per year:
7. a. Loss history for this business, past 5 years (provide date of loss, description, amount paid):	
b. Have you been involved in any major losses at any time? If so, please provide details:	
8. a. Any waterskiing:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any water toy use:	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Describe water toys if applicable:	
9. a. Any waterslides:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any hot tubs or Jacuzzis:	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Are "Use at your own risk" signs posted in these areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Describe permit or license obtained for each vessel in order to conduct this business:	
9. What waters are the vessels operated in:	
10. Usual moorage location:	
11. a. Are vessels laid up over the winter:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If yes describe where the vessel is kept (including security and fire protection):	
c. Are the vessels winterized:	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Attach completed SUPPLEMENTARY SAFETY QUESTIONNAIRE. Please ensure ALL questions are answered in full.	
17. a. Is a liability waiver in use:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If yes please attach copy of waiver	
18. a. Prior Insurance:	b. Policy No.:
c. Expiry Date:	
d. Have you ever been cancelled by an insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. If yes advise why:	

Describe the vessel (s) to be insured (if more than one vessel attach a separate page with full details)

Vessel Name	Type/Class of Vessel	Year Built & Length	Hull Colour and Material	Hull Serial No.	Insured value requested
Engine Manufacturer	Engine Type (ie in/outboard..)	Year Built & H.P. per engine	Engine(s) Serial No.(s)	Maximum Speed	Insured value requested
Date Vessel Purchased	Purchase Price	Date of last survey	Trailer (make, year)	Serial No.	Insured value requested
Maximum No. of passengers	Number of life jackets	Other safety Equipment			

Insurance Coverages requested	Insured value a/o Limit of liability	Deductible
Hull and Machinery*		
<i>*Total values of all vessels.</i>		
Protection & Indemnity		
Other (please describe):		

Agent's Name and Address: _____

Agent / broker's signature: _____

Applicant's signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.