

APPLICATION FOR BAREBOAT CHARTERS (Runabouts/PWCs/Sailing dinghys)

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| 1. Applicants Name and Mailing Address: | |
| 2. Number of years in business: | |
| 3. Additional related experience operating similar or other businesses: | |
| 4. Principal's personal experience operating vessels: | |
| 5. Describe permit or license obtained for the vessel(s) in order to conduct this business: | |
| 6. a. Annual Gross Receipts: | b. Number of rentals per year: |
| 7. Usual Operating Season: | |
| 8. 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: | |
| 9. Indicate typical duration of rental period (ie day only or overnights): | |
| 10. 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: | |
| 11. What waters are the vessels operated in: | |
| 12. a. Are vessels trailered: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. If yes describe area trailered in: | |
| 13. a. Is a liability waiver in use: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. If yes please attach copy of the waiver and/or rental agreement | |
| 14. Usual moorage location: | |
| 15. a. Are vessels laid up over the winter: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. If yes advise where the vessel is kept (including security and fire protection): | |
| c. Are the vessels winterized: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16. Attach completed SUPPLEMENTARY SAFETY QUESTIONNAIRE. Please ensure ALL questions are answered in full. | |
| 17. a. Prior Insurance: | b. Policy No.: |
| c. Expiry Date: | |
| d. Have you ever been cancelled by an insurance company? | |
| e. If yes advise why: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Describe the Vessel(s) to be insured (if more than one vessel attached separate page with full details):

| Vessel Name | Type / Class | Year built / length | Hull Colour and Material | Hull Serial No. | Insured Value Requested |
|---------------------------|-------------------------------|--------------------------------|--------------------------|-----------------|-------------------------|
| | | | | | |
| Engine Model | Engine Type (ie in, outboard) | Year built and H.P. per engine | Engine(s) Serial No.(s) | Maximum Speed | Insured Value Requested |
| | | | | | |
| Date 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> | | |
| Trailer | | |
| Protection & Indemnity | | |
| Other | | |

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.