

## Marine insurance application (Capital letters)

Agency's name: _____	Agency no. : _____
----------------------	--------------------

<b>Owner's identification</b>			
Name: _____			
Address: _____			
Town: _____	Province: _____	Postal code : _____	
Home phone no. : (_____) _____		Work phone No: (_____) _____	
First marine insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>		Previous Insurer's name: _____	

<b>Properties insured</b>			
Type of boat: _____		Amount of insurance (tax included) : \$ _____	
Hull has been modified: Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the boat for sale: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Year	Make	Model	Serial no.

Fiberglass <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Wood <input type="checkbox"/>	Steel <input type="checkbox"/>
-------------------------------------	-----------------------------------	-------------------------------	--------------------------------

**Engine (s) :**

Year	Make	Model	HP	Serial no.

**Stern drive:**

Year	Make	Model	Serial no.

**Dinghy:**

Year	Make	Length	Serial no.

**Auxiliary engine :**

Year	Make	HP	Serial no.

**Supplementary engine(s) :**

Year	Make	HP	Serial no.

**Trailer:**

Year	Make	Serial no.

\*\*\*\*\*Copy of the registration of the trailer mandatory\*\*\*\*\*

**Main Driver**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (dd/mm/yy)

Boating experience since: \_\_\_\_\_ Boating course: Yes  No

Suspended driver's license since 3 years: Yes  No

If yes, specify: \_\_\_\_\_

Marine insurance claim since 3 years: Yes  No

If yes, specify: \_\_\_\_\_

**Other drivers**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (dd/mm/yy)

Suspended driver's license since 3 years: Yes  No

\*\*\*\*\*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (dd/mm/yy)

Suspended driver's license since 3 years: Yes  No

\*\*\*\*\*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (dd/mm/yy)

Suspended driver's license since 3 years: Yes  No

**Equipment**

Depth sounder:  Compass:  VHF :  Radar :  GPS :

Down rigger(s): Serial no. \_\_\_\_\_

Propane appliances: Yes  No  \_\_\_\_\_ Alarm system : Yes  No  \_\_\_\_\_

**Navigation & Storage**

Navigation area: \_\_\_\_\_

In summertime, the boat will be located at: \_\_\_\_\_

In wintertime, the boat will be stored at: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_

Producer's name: \_\_\_\_\_ Phone no.:( ) \_\_\_\_\_ Ext : \_\_\_\_\_

Email address: \_\_\_\_\_ Fax no.: ( ) \_\_\_\_\_