



WORKBOAT APPLICATION

1. Applicants Name and Mailing Address:	
2. Describe the applicant's business:	
3. Provide a full description of the use for each vessel:	
4. Number of years in business:	
5. Describe previous experience with similar operation or any other additional related experience:	
6. a. Have you had any claims or losses in the past 5 years? If so, please provide details: b. Have you been involved in any major losses at any time? If so, please provide details:	
7. Describe area of operation:	
8. Where is each vessel moored:	
9. a. Are vessel(s) laid up over winter:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Describe storage arrangements:	
10. Annual Gross Receipts:	
11. Average number of trips per week each vessel:	
12. Indicate typical length of trip (kms):	
13. Number of crew on board any one voyage each vessel:	
14. Number of passengers on board any one voyage each vessel:	
15. a. Are the vessel's crew covered by Workers' Compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Are the passengers covered by Workers' Compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Please complete a VESSEL OPERATOR'S QUESTIONNAIRE for all vessel operators. (attached)	
17. Describe permit or license obtained for each vessel in order to conduct this business:	
18. a. Prior insurance company:	b. Policy No.
c. Ever been cancelled by an Insurance Company:	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. If YES please advise why:	

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	Engin(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 OR Limit of Liability	Deductible	Rate	Annual Premium
1. Hull and Machinery				
2. Dinghy and dinghy motor				
3. Trailer				
4. Protection & Indemnity				
5. Other (describe in detail)				

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.

VESSEL OPERATOR QUESTIONNAIRE

TO BE COMPLETED BY ALL VESSEL OPERATORS AS A SUPPLEMENT TO THE APPLICATION:

1. NAME OF OPERATOR: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____ 4. NO. OF YEARS AT SEA _____

5. CERTIFICATES/QUALIFICATIONS HELD: _____

6. DETAILS OF PREVIOUS VESSELS OWNED/SKIPPERED/CREWED ON IN THE LAST 5 YEARS:

(USE SEPARATE SHEET IF REQUIRED)

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. CLAIMS/LOSS RECORD OF OPERATOR FOR THE LAST 5 YEARS ON ALL VESSELS OPERATED, WHETHER INSURED OR NOT: (WRITE ON BACK IF NECESSARY)

YEAR	DETAILS OF LOSS	AMOUNT INVOLVED	INSURER	AMOUNT OF CLAIM

8. HAVE YOU AT ANY TIME BEEN INVOLVED IN ANY MAJOR DAMAGES/TOTAL LOSSES ON ANY VESSEL WHETHER INSURED OR NOT: IF SO, GIVE BRIEF DETAILS INCLUDING DATE, COSTS, AND NAME(S) OF VESSEL(S) INVOLVED.

9. I HEREBY DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN IN THIS QUESTIONNAIRE ARE IN EVERY RESPECT TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD INFLUENCE THE DECISION OF THE COMPANY IN REGARD TO IT'S ACCEPTANCE.

DATE: _____ SIGNATURE: _____