

Coast Underwriters Limited
 Marine Insurance Managers
PLEASURECRAFT APPLICATION

Broker		Owner(s) Name and Mailing Address:					
Name		Name					
Street		Street					
City/Province		City/Province					
Postal code		Postal code					
Phone::		Fax		Occupation:			
E-Mail Address:		E-Mail Address:					
Year built	Length	Width	Manufacturer	Purchase Price	Purchased Date		
Construction	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel/Aluminum	<input type="checkbox"/> Fabric Type	<input type="checkbox"/> F/G over Wood	<input type="checkbox"/> Cement	<input type="checkbox"/> Home built
Vessel Type	<input type="checkbox"/> In/out motor boat		<input type="checkbox"/> Outboard motor boat	<input type="checkbox"/> Inflatable runabout		<input type="checkbox"/> Jet powered boat	
<input type="checkbox"/> I/B diesel motor boat	<input type="checkbox"/> I/B gas motor boat		<input type="checkbox"/> Sailboat	<input type="checkbox"/> Catamaran / trimaran		<input type="checkbox"/> Houseboat/Cruise-a-Home	
CDN Registration / Licence #	Hull Identification #	Vessel Name	Current Market Value			\$	
			Est. Replacement Value			\$	
Main Engine	Year	Manufacturer	HP	Fuel	Serial #		
Aux. o/b motor	Year	Manufacturer	HP	Serial #	Current Value	Market Value	
Maximum capable speed of the vessel:		Miles per hour	Does boat meet with Coast Guard vessel equipment regulations?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
EQUIPMENT	Fire Extinguishers	Number	Type(s)				
COMMUNICATION DEVICE		SENSOR/ALARM SYSTEMS			NAVIGATION INSTRUMENTS		
<input type="checkbox"/> Radio Telephone		<input type="checkbox"/> Bilge Sensor / Alarm System			<input type="checkbox"/> Depth Finder / Sounder		
<input type="checkbox"/> Ship to Shore Radio		<input type="checkbox"/> Fume Detector / Alarm System			<input type="checkbox"/> Depth Finder / Sounder		
<input type="checkbox"/> Citizens Band Radio		<input type="checkbox"/> Engine Oil Pressure and Temperature Alarm System			<input type="checkbox"/> RDF		
<input type="checkbox"/> VHF					<input type="checkbox"/> GPS		
Galley Stove Fuel	Refrigerator Fuel	Heater Fuel	Aux. Generator Fuel				
Tender/Dinghy Year	Manufacturer	Length	Current Market Value				
Is Tender Dinghy used as a separate Pleasurecraft						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Tender / Dinghy occasionally used for waterskiing?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trailer - Year	Manufacturer	Serial #	Current Market Value				
Owned Boathouse Year	Length x Width	Construction Type	Current Market Value				
Where is Vessel Moored? Marina Name			Location		From / To		
Where is Vessel Stored? (if different from place of moorage)			Location		From / To		
Operating area:							

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Private Pleasure Use Only? <input type="checkbox"/> Yes <input type="checkbox"/> No		Used for Waterskiing <input type="checkbox"/> Yes <input type="checkbox"/> No		Raced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Live-aboard <input type="checkbox"/> Yes <input type="checkbox"/> No	
Used for occasional pleasure charter or occasional commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, attach complete details, provide name and experience of skipper(s) if other than owner(s) or regular operator(s)	
Name Of Operator		Birth Date	Years (To / From) As Boat Owner		Size Owned in past 5 years		
Boating Education (recognized course)			Years (To / From) As Boat Operator		Size Operated in past 5 years		
Name Of Operator		Birth Date	Years (To / From) As Boat Owner		Size Owned in past 5 years		
Boating Education (recognized course)			Years (To / From) As Boat Operator		Size Operated in past 5 years		
Please attach complete details for additional operators, if any						Has Insurance ever been declined? or been cancelled by Insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or any operator listed above had your driver's licence suspended or revoked?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to either question, please provide complete details							
Have you or any operator listed above had any boat losses? If Yes, please provide complete the following						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Loss	Cause				Total Amount	Name of Insurer	
COVERAGES			AMOUNT OF INSURANCE		DEDUCTIBLE		PREMIUM
A: Hull & Machinery			\$		\$		
Outboard Motor			\$		\$		
Auxiliary Outboard Motor			\$		\$		
Tender			\$		\$		
Total Hull & Machinery			\$				\$
Owned Boathouse			\$		\$500		\$
B: Protection & Indemnity			\$				\$
Waterskiing Sub-limit *			\$				\$
C: Medical Payments *			\$5,000				Included
* Included only if Protection & Indemnity cover granted							
E: Personal Effects			\$		\$250		\$
F: Owned Boat Trailer			\$		\$250		\$
TOTAL PREMIUM							\$
Loss Payee and Address					Previous Insurer(s) and Policy Number		
EFFECTIVE FROM:					EFFECTIVE TO:		
SIGNATURE OF OWNER(S)					I UNDERSTAND THE ABOVE INFORMATION, WHICH IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS OF INSURANCE, IF GRANTED, BUT DOES NOT OBLIGATE ME TO ACCEPT THE INSURANCE NOR THE COMPANY TO ACCEPT THIS RISK.		
Date							
For complete Policy Wordings, Navigating Limits and Privacy Policy, please refer to our web site: www.coast-uw.com							