

Policy to be effective from 12:01 AM local time: / / to / /

SAILBOATS

A P P L I C A N T

Name _____
 Address _____ City _____ Province _____
 Postal Code _____ Phone Residence _____ Phone Business _____
 Was previous policy cancelled, lapsed, declined, or not renewed? No Yes
 If Yes, explain _____
 Detail losses in last five years _____
 Name of previous Insurer _____ Policy # _____
 Boating Courses Taken _____
 Boating Experience As Owner: _____ Years / As Operator: _____ Years
 Type of boats owned and operated _____
 Home Port _____ Open Slip Covered Slip Normal Boating area _____
 Is the boat used for charter, rental or live aboard? Yes No

D E T A I L S

YACHT	Year Built _____ Manufacturer _____ Model/Length _____ Hull Material _____ Hull # _____ License # _____ Date of last survey _____ Surveyed: <input type="checkbox"/> Ashore or <input type="checkbox"/> Afloat (check one) List all propane, butane or natural gas appliances _____ Pilot Light? <input type="checkbox"/> Yes <input type="checkbox"/> No Does vessel comply with Small Vessel Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
ENGINE	Year Built _____ Manufacturer _____ HP _____ Serial # _____ Fuel Type _____
TRAILER	Year Built _____ Manufacturer _____ Type _____ Serial # _____
DINGHY	Year Built _____ Manufacturer _____ Length _____ Serial # _____
DINGHY MOTOR	Year Built _____ Manufacturer _____ HP _____ Serial # _____

C O V E R A G E S

	COVERAGE	DEDUCTIBLE	INSURED VALUE	PREMIUM	
A.	Hull & Equipment	\$	\$	\$	
B.	Boat Trailer	\$	\$	\$	
C.	Dinghy	\$	\$	\$	
	Dinghy Motor	\$	\$	\$	
D.	Protection & Indemnity	\$ N/A	\$	\$	
E.	Family Protection Clause	\$ N/A	\$ 10,000 limit per occurrence	\$ included	
F.	Medical Payments	\$ N/A	\$ 5,000 limit per occurrence	\$ included	
G.	Personal Effects	\$	\$ 1,000 limit per occurrence	\$ included	
H.	Endorsements	\$	As stated in policy	\$	
				SUB TOTAL	\$
				PROVINCIAL TAX	\$
				TOTAL PREMIUM	\$

**Please include your cheque payable to Elite Insurance with this application*

The above information in this application is true and the owner hereby applies for a contract of insurance to be based on the truth of the said statements. Where, (i) an applicant for a contract gives false particulars of the described craft to be insured to the prejudice of the insurer, or knowingly misrepresents or fails to disclose in an application any fact required to be stated therein; or (ii) the insured contravenes a term of the contract or commits a fraud; or (iii) the insured willfully makes a false statement. In respect of a claim under the contract, a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited. The completion of this application does not bind the applicant or the company to effect insurance on the risk; but it is agreed that this form shall be the basis of the contract should a policy be issued. Unless otherwise stated, the applicant is both the registered and actual owner of the described yacht.

Signature of Applicant _____ Date _____

Lienholder or Mortgagee: Name _____ Address _____

For Company Use