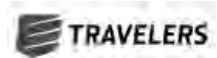




Cowan Insurance Brokers Limited
 705 Fountain Street North, PO Box 1510
 Cambridge, ON N1R 5T2
 Phone: 519-650-6360
 Fax: 519-650-6366
 Toll Free: 1-800-268-BOAT (1-800-268-2628)
 Email: marine@cowangroup.ca
 www.cowangroup.ca/marine/



St. Paul Fire and Marine Insurance Company

Pleasurecraft Insurance Application

Name and address of owner:

Fax No.: _____
 Telephone No.: _____
 Occupation / Bus.: _____
 Date of Birth: _____
 Years as Boat Owner: _____
 CPS Membership #: _____

Boating Courses Completed: _____

Other Regular Operators Names	Age	Years Experience in Boating

HULL

Year Built: _____

Length: _____ Feet _____ Inches

Factory Custom Conversion Home-Built

Type of Boat

Runabout Pontoon Fiberglass Fiberglass over wood

Cruiser Houseboat Aluminum Steel

Fishboat Sailboat Wood Other: _____

Fish & Ski Aux. Sailboat

Builder: _____ Model: _____ Hull I.D. No.: _____

Date Purchased: _____ Purchase Price: _____ Current Market Value: _____

Mortgagee: _____

MACHINERY AND EQUIPMENT

Manufacturer: _____

Year: _____

How Many: _____ Horsepower (each) _____ Weight of Boat and Engine(s): _____ Max. Speed: _____ MPH

Engine Serial No.(s): _____

Radar VHF Radio GPS Depth Finder

Liferaft Theft Prevention System Engine Alarm Other: _____

Main Engine Type

Outboard Inboard None Sterndrive, I/O Jet

Fuel

Gas Diesel Built-in Firefighting System

NAVIGATION

Boat Kept: Location: _____ City: _____ Province: _____

Is Boat: A Liveaboard Commercially Chartered

Raced Other Than Local Club Events (Sailboat Only) Professionally Crewed

NAVIGATION WARRANTY: Navigational areas constitute a warranty on your policy. Extended voyages out of your territory must be agreed by the company, additional premium may be charged.

Cruising Navigation Area(s): East Coast (east of Quebec City) West Coast Northern Inland Lakes and Rivers and Great Lakes

Other: _____

INSURANCE

Coverage	Amount of Insurance
Boat and Boating Equipment – (see Deductible Section below)	\$
Trailer – \$50 Deductible	\$
Dinghy Tender } \$150	\$
Dinghy Tender Outboard } Deductible	\$
Boating Liability – (Protection and Indemnity) • \$1,000,000 Liability Limit is provided in basic policy	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
Medical Payments – \$5,000 Limit is provided in basic policy	\$5,000
Personal Effects – \$500 limit included in policy / \$50 deductible	\$
Uninsured Boater	\$1,000,000
Commercial Towing – \$500. Limit (Indicate below if coverage is desired) <input type="checkbox"/> Yes <input type="checkbox"/> No (The premium is \$15.00 – no deductible applies)	\$500
Deductible / Boat and Boating Equipment	
<input type="checkbox"/> 1% Deductible (Min. \$250.) <input type="checkbox"/> 2% Deductible (Min. \$500) <input type="checkbox"/> 3% Deductible (Min. \$750) <input type="checkbox"/> 4% Deductible (Min. \$1,000)	
<input type="checkbox"/> Other – 5% Credit <input type="checkbox"/> – 10% Credit <input type="checkbox"/> – 15% Credit	

LOSS HISTORY

List All Hull and/or Liability Losses you have had regarding this vessel or any other for the past 5 years.

Date	Type Loss	Amount	Brief Description

Has Your Boat Policy Been Cancelled or Non-Renewed within the Last 5 Years? Yes No

If Yes – reason for Cancellation or Non-Renewal _____

Broker: _____ Telephone No.: _____ Fax No.: _____

SIGNATURE OF APPLICANT: _____ EFFECTIVE DATE OF POLICY: _____ / _____ / _____
 D M Y

I am applying for marine insurance based on the information I have provided above. With respect to this application or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess this risk, investigate and settle claims, and detect and prevent fraud.

Quick-Quote Submission

Insured: _____
Address: _____
Age: _____

Year: _____
Make: _____
Model: _____

Experience: None Years _____
Boating Courses: No Yes
Insurance ever cancelled: No Yes

Length: _____
HP: _____
Max Speed: _____

Driving Record Clear Other _____
Previous Insurer: _____
3 Year Boating Losses: None Yes

Market Value: _____
Trailer Value: _____
Other: _____

Describe: _____

Liability: \$1,000,000
\$500,000
\$300,000

Broker: _____

Date: _____

Brokerage: _____

Brk. Fax: _____

Underwriter's Quotation

Class: _____
Nav Limit: _____
Deductibles:
Hull: _____
U/W Machinery: _____

Hull Limit: _____
Liability Limit: _____
Trailer Limit: _____
Other: _____

Premium: \$ _____
Premium: \$ _____
Premium: \$ _____
Premium: \$ _____
Policy Fee: \$ 55.00
Ttl Premium: \$ _____

Personal Effects \$50
Trailer, Tender, Aux. Motor \$250
Conditions: _____

UNDERWRITER: _____

Date: _____

NOTE: Quotation only.

Binder requires submission of a fully completed application signed by both the Broker and the Applicant.

PREMIER MARINE INSURANCE

MARINE UNDERWRITING MANAGERS – AN ANCIENT & HONORABLE BUSINESS

140 FULLARTON ST. SUITE 1904,
LONDON, ON N6A 5P2
TEL. (519) 850-1610
FAX. (519) 850-1614

4100-800 FIFTH AVENUE
SEATTLE, WA 98104
TEL. (800) 589-4208
FAX. (800) 522-4461

650-625 HOWE STREET
VANCOUVER, B.C. V6C 2T6
TEL. (604) 669-5211
FAX. (604) 669-2667