



Eagle Underwriting Group Inc.
 201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608
 Fax: (905) 455-5298
 Email: eagle@eagleunderwriting.com

Eagle Underwriting (Pacific) Inc.
 409 Granville Street, Suite 600
 Vancouver, B.C., Canada V6T 1T2
 Tel: (604) 683-0506
 Fax: (604) 683-0588

Application for Yacht Insurance

Section 1 – General Information

Owner's Name		Broker's Name	
		Producer/Contact Name	
Owner's Address		Broker's Address	
		Broker's Tel. No. ()	
		Broker's Fax No. ()	
		Contact's e-mail address	
Owner's Occupation		Broker Number	
Owner's Home Phone #	Owner's Business Phone #	Policy Number	
		Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lien holder (Name and Address)		Approx. % of Lien	
Date Policy to Start		To	
From		12:01 Standard Time at the Address of the Owner Name herein	

Section 2 – Vessel (this policy covers agreed value as per current market value)

Manufacturer and Model of Vessel					
Year Mfg.	Name of Vessel	Serial No.	License/Registration No.	Purchase Date	Length
Has vessel ever been professionally surveyed? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, by whom and when?		
Vessel Type	Method of Propulsion	<input type="checkbox"/> Fishing Utility <input type="checkbox"/> Runabout Utility <input type="checkbox"/> Ski Boat <input type="checkbox"/> Midcabin Cruiser <input type="checkbox"/> Bass Boats <input type="checkbox"/> Bow rider <input type="checkbox"/> Performance/Sport Boat <input type="checkbox"/> Motor Yacht <input type="checkbox"/> Fishing Runabouts <input type="checkbox"/> Closed-Deck Runabouts <input type="checkbox"/> House Boat <input type="checkbox"/> Deck Boat <input type="checkbox"/> Other Please Describe			
Hull Material		Metal Flake Finish			
<input type="checkbox"/> Wood <input type="checkbox"/> Aluminium <input type="checkbox"/> Fibreglass		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other _____					
Engine #1	Make	Serial No.	Year	Total Horsepower	



Eagle Underwriting Group Inc.
 201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608
 Fax: (905) 455-5298
 Email: eagle@eagleunderwriting.com

Eagle Underwriting (Pacific) Inc.
 409 Granville Street, Suite 600
 Vancouver, B.C., Canada V6T 1T2
 Tel: (604) 683-0506
 Fax: (604) 683-0588

Application for Yacht Insurance

Engine #2	Make	Serial No.	Year	Total Horsepower
Maximum Top Speed	Fuel <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____			
Purchase Price \$	Current Market (Resale) Value \$	Replacement Value \$		

Section 3 – Equipment

From the following list, check the appropriate equipment which is installed in the vessel or portable in nature but used specifically in the operation of the vessel and included in Hull insurance

The values you show against the following items will be used as the maximum replacement value in measuring the amount of a loss.

<input type="checkbox"/> Trailers used solely for transportation of the insured yacht	Year _____ Manufacturer _____	Serial No. _____ Value \$ _____		
<input type="checkbox"/> Cradle	Valued \$ _____			
<input type="checkbox"/> Tender used solely for transportation between the insured vessel and shore	Year _____ Manufacturer _____ Length _____	Serial No. _____ Value \$ _____		
<input type="checkbox"/> Outboard Motor used with tender, or as auxiliary	Model _____ Year _____ Manufacturer _____ H.P. _____	Serial No. _____ Value \$ _____		
<input type="checkbox"/> Radar	Valued \$ _____	<input type="checkbox"/> Fathometer or Depth Sounder		
<input type="checkbox"/> Sonar	Valued \$ _____	<input type="checkbox"/> Ship to Shore Telephone		
<input type="checkbox"/> GPS/Direction Finder	Valued \$ _____	<input type="checkbox"/> C.B. Radio.V.H.F		
<input type="checkbox"/> Other	Valued \$ _____			
If other, please describe				
<input type="checkbox"/> Built-in Fire Extinguishing System	<input type="checkbox"/> CO ² <input type="checkbox"/> Automatic	<input type="checkbox"/> Halon <input type="checkbox"/> Manual <input type="checkbox"/> Other _____		
<input type="checkbox"/> Auto Bilge Pumps	<input type="checkbox"/> Engine Blower	<input type="checkbox"/> Vapour/Fume Detector <input type="checkbox"/> Smoke Detector/Alarm		
<input type="checkbox"/> Auxiliary Generator (Type of Fuel) _____	<input type="checkbox"/> Other (Please Describe) _____			
Is Yacht Equipped According to Federal Coast Guard Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Appliance Type	Fuel	Pilot Light	If Propane/Butane, Natural Gas is used, where is tank located?	If Propane/Butane, Natural Gas is used, is vapour vented externally?
Stove/Barbeque		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnace/Heater		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigeration		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No



Eagle Underwriting Group Inc.
 201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608
 Fax: (905) 455-5298
 Email: eagle@eagleunderwriting.com

Eagle Underwriting (Pacific) Inc.
 409 Granville Street, Suite 600
 Vancouver, B.C., Canada V6T 1T2
 Tel: (604) 683-0506
 Fax: (604) 683-0588

Application for Yacht Insurance

If you sign a "hold harmless" agreement with your Yacht Club or Marina you must forward a copy of this agreement to us immediately		
Summer	<input type="checkbox"/> Outside	<input type="checkbox"/> Inside
Mooring Berth	<input type="checkbox"/> Ashore	<input type="checkbox"/> Afloat
Winter	<input type="checkbox"/> Outside	<input type="checkbox"/> Inside
Lay-up Berth	<input type="checkbox"/> Ashore	<input type="checkbox"/> Afloat
Lay-up Coverage	Coverage contemplates a Lay-up period from Nov. 15 th to March 31 st . From _____ (Day, Month) To _____ (Day, Month) If Lay-up Period is different, please indicate	

Section 4 – Boat Use

Pleasure Use Only? <input type="checkbox"/> Yes <input type="checkbox"/> No Live Aboard? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Boat Corporately Owned, provide specific details of usage	
Is Boat Used Commercially or Chartered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Water Skiing <input type="checkbox"/> Yes <input type="checkbox"/> No	Tubing <input type="checkbox"/> Yes <input type="checkbox"/> No	Parasailing <input type="checkbox"/> Yes <input type="checkbox"/> No
Paragliding <input type="checkbox"/> Yes <input type="checkbox"/> No	Racing <input type="checkbox"/> Yes <input type="checkbox"/> No	Other similar activity <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe
Is Extension of Navigation Limits Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe	
If you are chartering your yacht, please answer the following		
How long have you been employed in commercial operations?	What is the period during which commercial operations are carried out?	
What limit of liability is required?	What are the estimated annual gross receipts?	
Does Applicant employ a paid crew or captain? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the passenger capacity of your vessel?	

Waters Navigated

Section 5 – Qualifications and Experience of all Operators

Name	Date of Birth	Have you previously owned a pleasure craft? Yes No # yrs	Number of years experience as an operator	Years of experience with this type of vessel	Driver's Licence No.
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			



Eagle Underwriting Group Inc.
 201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608
 Fax: (905) 455-5298
 Email: eagle@eagleunderwriting.com

Eagle Underwriting (Pacific) Inc.
 409 Granville Street, Suite 600
 Vancouver, B.C., Canada V6T 1T2
 Tel: (604) 683-0506
 Fax: (604) 683-0588

Application for Yacht Insurance

Boat Courses Taken	Please describe
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 6 – Loss History

Please list in detail any known and/or reported boating, property, automobile losses and/or infractions for the past five years for all operators.

--

Please list previous insurer(s)

Has insurance been refused or cancelled by any company?	If yes, please indicate the reason
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 7 – Amount of Insurance Required

Vessel Amount (Hull, Machinery & Equipment)	Amount \$
Tender/Outboard	Amount \$
Trailer/Cradle	Amount \$
Protection & Indemnity	Amount \$
Personal Effects (\$1,000 included)	Amount \$
Medical Payments (\$1,000 included)	Amount \$

All statements in this application are true and the owner hereby applies for a contract or insurance to be based on the truth of said statements.

Where (a) an Owner 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 the application any fact required to be stated therein, or (b) the Insured contravenes a term of the contract or commits a fraud, or (c) the Insured wilfully 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. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof.

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. Please answer all questions – an incomplete application will be returned.

Broker's Signature	Date of Signature
Applicant's Signature	Date of Signature