



Insurance for
Things That Move.™

201 County Court Blvd., Suite 505
Brampton, Ontario, Canada L6W 4L2
Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500
Vancouver, BC., Canada V6C 3E8
Tel: (604)683-0506

Email: eagle@eagleunderwriting.com
www.eagleunderwriting.com

Application for Yacht Insurance

Section 1 – General Information

Owner's Name		Broker's Name
Owner's Address		Broker's Address
		Broker's Tel. No. ()
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		
From		To
		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
Vessel Type	Method of Propulsion				
<input type="checkbox"/> Sail <input type="checkbox"/> Motor <input type="checkbox"/> Multi-Hull <input type="checkbox"/> Other	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Jet	<input type="checkbox"/> Fishing Utility <input type="checkbox"/> Bass Boats <input type="checkbox"/> Fishing Runabouts <input type="checkbox"/> Other	<input type="checkbox"/> Runabout Utility <input type="checkbox"/> Bow rider <input type="checkbox"/> Closed-Deck Runabouts Please Describe	<input type="checkbox"/> Ski Boat <input type="checkbox"/> Performance/Sport Boat <input type="checkbox"/> House Boat	<input type="checkbox"/> Midcabin Cruiser <input type="checkbox"/> Motor Yacht <input type="checkbox"/> Deck Boat
Hull Material					
<input type="checkbox"/> Wood <input type="checkbox"/> Aluminium <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other _____					
Metal Flake Finish					
<input type="checkbox"/> Yes <input type="checkbox"/> No					



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Engine	Make	Serial No.	Year	Total Horsepower
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Maximum Top Speed	Fuel
Maximum Allowed 50mph	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other _____

Purchase Price \$	Current Market (Resale) Value \$	Replacement Value \$
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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 \$ _____
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<input type="checkbox"/> Tender used solely for transportation between the insured vessel and shore	Year _____ Manufacturer _____ Length _____ -	Serial No. _____ Value \$ _____
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<input type="checkbox"/> Outboard Motor used with tender, or as auxiliary	Model _____ Year _____ Manufacturer _____ H.P. _____	Serial No. _____ Value \$ _____
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<input type="checkbox"/> Radar	Valued \$ _____	<input type="checkbox"/> Fathometer or Depth Sounder	Valued \$ _____
<input type="checkbox"/> Sonar	Valued \$ _____	<input type="checkbox"/> Ship to Shore Telephone	Valued \$ _____
<input type="checkbox"/> Direction Finder	Valued \$ _____	<input type="checkbox"/> C.B. Radio.V.H.F	Valued \$ _____
<input type="checkbox"/> Cradle	Valued \$ _____	<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 _____
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<input type="checkbox"/> Auto Bilge Pumps	<input type="checkbox"/> Engine Blower	<input type="checkbox"/> Vapour/Fume Detector	<input type="checkbox"/> Smoke Detector/Alarm
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<input type="checkbox"/> Auxiliary Generator (Type of Fuel) _____	<input type="checkbox"/> Other (Please Describe) _____
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Is Yacht Equipped According to Federal Coast Guard Standards? Yes 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



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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

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 Outside Inside

Mooring Berth Ashore Afloat

Winter Outside Inside

Lay-up Berth Ashore Afloat

Lay-up Coverage

Coverage contemplates a Lay-up period from Nov. 15th to March 31st. From _____ (Day, Month)

If Lay-up Period is different, please indicate To _____ (Day, Month)

Waters Navigated

Is Extension of Navigation Limits Required?
 Yes No

If yes, please describe

Section 3 – Boat Use

Pleasure Use Only? Yes No

If Boat Corporately Owned, provide specific details of usage

Is Boat Used Commercially or Chartered?
 Yes No

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? What is the passenger capacity of your vessel?
 Yes No

Water Skiing/Tubing/Knee Boarding Yes No

Racing Yes No

Please describe

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.



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		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Boat Courses Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe
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Section 4 – 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

Has insurance been refused or cancelled by any company?
 Yes No

Section 4 – Amount of Insurance Required

Vessel Amount \$ (A)	Equipment Amount \$ (B)
Total Hull \$ (A+B)	Premium \$
Protection & Indemnity \$	Premium \$
Personal Effects \$	Premium \$
Medical Payments \$1,000 Included	Premium \$

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.



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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