

MARINE INSURANCE QUESTIONNAIRE



owner

Owner(s):			
Address:		City:	
E-Mail:		Postal Code:	
Daytime Tel:		Fax:	
Loss Payable & Address:		Citizenship:	

vessel description

VESSEL TYPE	IDENTIFICATION	CONSTRUCTION	APPLIANCES	VESSEL EQUIPMENT
<input type="checkbox"/> Sailboat <input type="checkbox"/> Multi-Hull <input type="checkbox"/> Open Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Fabric <input type="checkbox"/> Other: _____ _____ _____	Name: _____ Reg.#: _____ Manufacturer: _____ Model: _____ Year Built: _____ Length Overall: _____ Max. Speed _____ mph Canadian Register: _____	<input type="checkbox"/> Fibreglass <input type="checkbox"/> F/G Over Plywood <input type="checkbox"/> Plywood <input type="checkbox"/> Wood Plank <input type="checkbox"/> Aluminum <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Stove Fuel: _____ <input type="checkbox"/> Heater Fuel: _____ <input type="checkbox"/> Fridge Fuel: _____ If you have propane appliances, is there a: <input type="checkbox"/> Pilot Light? <input type="checkbox"/> Auto Shut-off? <input type="checkbox"/> Gas Sniffer? <input type="checkbox"/> Carbon Monoxide?	<input type="checkbox"/> Automatic Fire System <input type="checkbox"/> Automatic Bilge Pump <input type="checkbox"/> VHF Radio <input type="checkbox"/> GPS / Loran / SATNAV <input type="checkbox"/> Radar <input type="checkbox"/> Depth Sounder <input type="checkbox"/> Auto Pilot <input type="checkbox"/> Security System <input type="checkbox"/> Laptop <input type="checkbox"/> Other: _____

Main Engines IN/OUT BOARD OUT BOARD JET DRIVE IN BOARD

TYPE	NUMBER	YEAR	MANUFACTURER MODEL	HP	SERIAL #	VALUE	FUEL
Main							
Generator							

Other Equipment to be Insured

ITEM	YEAR	MANUFACTURER/CONSTRUCTION	LENGHT/HP/SERIAL#	INSURED VALUE
Tender/Dinghy				\$
Motor for Dinghy				\$
Other Outboard Motor				\$
Trailer				\$
Boathouse				\$

Personal Effects Limit: \$ _____ Liability Limit: \$ _____

Date Purchased: _____ Purchased From: _____ Purchase Price: \$ _____

Market Value: \$ _____ Replacement Value: \$ _____ Date of Survey: _____ Surveyor: _____ In Water Out-of-Water

Have survey recommendations been complied: Yes No Signature: _____

vessel use

Use of both primary vessel and dinghy/tender

- Personal Pleasure use only?
- Live Aboard?
- Water Skiing?
- Tubing or other towing activity?
- Sailboat Racing?
- Skipper Charter?

If use is other than Personal Pleasure (including Charter, Commercial or Transportation), please describe:

Fishing Off West Coast of Vancouver Island

Member of which Yacht Club or Association: _____

Moorage Location (Specify Marine, Location): _____ Land Storage Location: _____

Navigating Area Required: _____ Security Trailer/Boat House: _____ Anti-theft Device: _____

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experience

OWNERS NAME	YEARS OWNED	YEARS OPERATOR	VESSEL SIZE	BOATING EDUCATION (Power Squadron, Operator Proficiency Card or other)

Have any Owner(s) or Operator(s) had any accidents or marine-related incidents in the past 5 years? Yes No (if Yes provide details) _____

Paid Captain? Yes No Experience: _____ Full Time Yes No Will there be any operators under 18 years of age? Yes No

Has insurance ever been cancelled or denied? Yes No Any criminal code convictions or charges relating to driving/boating? Yes No

If Yes provide details of claims or convictions _____

Previous Insurer: _____ Policy No.: _____ Expiry Date: _____

How did you hear about HUB? Pacific Yachting Blue Water Cruising Boatshow Dealer Other _____

The information on this form is true and complete, but my signature in no way obligates me to accept the quotation nor is the Insurer obligated to accept the risk.

Owner(s) Signature(s): _____ Dated: _____

Insurance Required from: _____ to _____ Broker/Producer: _____ Dated: _____