

Yacht Insurance Application



Owner(s)					
Phone		Cell		Email	
Address					
Loss Payable					

Vessel Details	Year	Length	Make	Model
	Vessel Name		Registration/License	HIN

Construction:	Fiberglass <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Steel <input type="checkbox"/>	Wood <input type="checkbox"/>	Other:	
	Sailboat <input type="checkbox"/>	Inboard <input type="checkbox"/>	I/O <input type="checkbox"/>	Outboard <input type="checkbox"/>	Jet <input type="checkbox"/>	

Engines	Year	HP	Make	Serial number	Fuel	Max speed	Rebuild Date
Main						mph	
Auxiliary							
Other							

Has the vessel been surveyed?	Date of last survey	Date of Purchase	Purchase Price
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Installed Equipment	Yes	No	Fuel	Yes	No	Fuel	Yes	No	
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>		Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	Smart Plug	<input type="checkbox"/>	<input type="checkbox"/>
Galley Stove	<input type="checkbox"/>	<input type="checkbox"/>		Heater	<input type="checkbox"/>	<input type="checkbox"/>	Anti-theft	<input type="checkbox"/>	<input type="checkbox"/>

Dinghy 1	Year	Length	Make	Construction	HIN
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Dinghy 2	Year	Length	Make	Construction	HIN
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Trailer	Year	Length	Make	Serial number
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Operators	Principal Operator	Birthdate (dd/mm/yy)	Years Owned	Years Operated	Length of Boats Operated	Type of Boats Operated (Power/Sail)	Boating Education CPS, CYA
	Y/N						

Previous Insurer	Policy No.	Expiry Date
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Has insurance ever been declined or cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
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Has any Owner/Operator(s) had any losses or marine related insurance claims in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details including operators, dates, circumstances and amounts.	

Has any Owner(s) or Operator(s) had any motor vehicle convictions in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details.	

Has any Owner(s) or Operator(s) had a driver's license suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details.
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Private Pleasure use only?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide details (i.e. chartering, other commercial use). If chartering please complete Charter Questionnaire.
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Sailboats, is the vessel raced?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Waterskiing/Wakesports?
If yes, # and names annually	# Names	Yes <input type="checkbox"/> No <input type="checkbox"/>

Moorage – Marina Name	Location
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Boathouse or Boat lift	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please complete Boathouse/boat lift questionnaire
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Buoy moorage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please complete Buoy questionnaire
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Land storage location	Please complete Storage Questionnaire
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Navigation limits	Live Aboard	Yes <input type="checkbox"/> No <input type="checkbox"/>
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HUB International Insurance Brokers

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P: 604.269.1869 | F: 604.269.1001

E: myboat@hubinternational.com

HULL & MACHINERY	LIMIT	Protection & Indemnity (Liability) Coverage	
Market Value to be insured		\$1,000,000	<input type="checkbox"/>
Main Outboard Motor		\$2,000,000	<input type="checkbox"/>
Auxiliary Motor		Other limit	\$
Other Motor		Watersports (tubing, waterskiing)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dinghy 1		Charter Extension	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dinghy 2		Liability Extension boathouse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Boathouse			
Boat Lift			
Trailer			
Live Aboard Contents			
Other			

I confirm that the information on this form is true and complete. My signature does not obligate me to accept the quotation nor is the insurer obligated to accept the risk. I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following: i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information. ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law. iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me. I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf. If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below. I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

OWNER(S) SIGNATURE(S) _____

Dated _____

This section to be completed by Broker	
Number of Years Owner(s) known to broker? _____	
So far as has come to our attention, the responses of the Owner(s) on this application are true and complete. To the best of our knowledge, there is no other circumstance material to the risk.	
Dated _____	Broker Name _____
Signature of Broker _____	
BROKER CODE _____	
BROKER PHONE NUMBER _____	
BROKER EMAIL _____	
POLICY # _____	

Documents Included With Application	Yes	No
Vessel Survey	<input type="checkbox"/>	<input type="checkbox"/>
Boathouse Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
Storage/Security Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
Charter Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
Buoy Moorage Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>