

BAYSIDE INSURANCE BROKERS LTD.

579 KINGSTON ROAD WEST
AJAX, ONTARIO L1S 6M1
PHONE (905) 683-7411 FAX (905) 683-6977
1-800-463-0754 FAX (905) 683-8094

MARINER APPLICATION

PLEASE PRINT AND COMPLETE
ALL SECTIONS OF APPLICATION
INCLUDING APPLICANT'S SIGNATURE

- New Policy
- Add to Policy

Policy Effective from 12:01 a.m. local time at Applicant's Address

Applicant: _____ Telephone Number: _____
Res. () _____
Bus. () _____

Address: _____ Total Policy Premium: _____

City: _____ Province: _____ Postal Code: _____ Amount of Cheque: _____

Year	Manufacturer	Model	Length	Max Speed:	No. of Motors:	H.P. of Each Motor:	Deposit Date:	Cashier Initial
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Type of Boat Cruiser Sail Type of Drive: Inboard/Outboard Sail with Outboard Inboard Sail with Inboard Type of Fuel: _____

Hull Material: _____ Hull Design: _____ Hull Number: _____ Serial Number: _____ Registration Number: _____

Purchase Date: _____ Purchase Price: _____ Present Value Incl. Equipment Improvements & Taxes: \$ _____ Purchase Date of Sails/Canvas: Set 1 _____ Set 2 _____ Set 3 _____

Is Boat Stock Kit If "Kit", who assembled it? _____ Does Boat have a Galley, Sleeping Accommodations & Head Yes No

Appliance Type	Type of fuel	Pilot Light	If Propane/Butane, where is tank?	Shut-offs at	Check (x) Additional Equipment on Board:
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Stove		<input type="checkbox"/> Yes <input type="checkbox"/> No		Tanks <input type="checkbox"/> Yes <input type="checkbox"/> No	Stoves <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed CO ₂ System - <input type="checkbox"/> Auto <input type="checkbox"/> Manual
Furnace/Heater		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Anchor - How many?
Refrigeration		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fire Extinguishers - How Many?
						<input type="checkbox"/> Smoke Detector/Alarm
						<input type="checkbox"/> Gas Vapour Detector
						<input type="checkbox"/> Engine Exhaust Fan

Make & Value			Make & Value		
<input type="checkbox"/> Sum Log			<input type="checkbox"/> Depth Indicator		
<input type="checkbox"/> Radio DF			<input type="checkbox"/> Compass		
<input type="checkbox"/> Radar			<input type="checkbox"/> Other (Please describe) _____		
<input type="checkbox"/> CB/Radio Telephone					

Boat Trailer	Year	Manufacturer	Model	Serial Number/Identification	Number of Axles <input type="checkbox"/> One <input type="checkbox"/> Two
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Tender/Outboard Boat	Year	Manufacturer	Length	Sail <input type="checkbox"/>	Power <input type="checkbox"/>	Row <input type="checkbox"/>	Model	Serial No./I.D.
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O/B Motor(s)	Year	Manufacturer	H.P.	Model	Serial No./Identification
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Name and Address ¹⁾ of Lienholder(s): ²⁾ _____ Postal Code _____

Boat Operators - Including Applicant	Age	Occupation	Yrs. Exp. This Type Vsl.	Totals Yrs. Exp.	Drivers Licence No.
1.					
2.					
3.					

COURSES: Are operators graduates of an approved power/sailing course? Describe. Yes No
LOSSES: Has any operator had any losses with this or any other boat in past 5 years? If yes, explain in remarks section below. Yes No
VIOLATIONS: Have you or any operator of the said vessel:

(a) had a suspension of your driver's licence, because of impairment, dangerous driving or criminal negligence within the past 6 years? } Explain in remarks section below. Yes No
(b) been convicted of an infraction relating to the sailing of a Marine Vessel on any of the Great Lakes or Inland waters of Ontario? } Yes No
(c) been convicted in a court of law for Insurance Fraud? } Yes No

Name & Policy Number of Previous Insurer _____ Expiry Date _____ Was previous policy: Cancelled? Lapsed? Refused to Renew? Explain: _____

Does Applicant have other Yes No Policy insurance with Bayside? Yes No Number(s) _____ Is boat ever used for any Yes No commercial purposes? Yes No

Where is boat normally berthed - when afloat? _____ when laid up? Ashore Afloat What waters will be navigated? Great Lakes Inland Waters

Coverage	Deductible	Insured Amount	Premium
A. Hull and Equipment - agreed value \$			
B. Boat Trailer			
C. Personal Effects			
D. Bodily Injury/Property Damage Liability			
E. Medical Payments		as stated in policy	Included
F. Tender - Outboard Boat			
Outboard Motor (1)			
Outboard Motor (2)			
G. Accidental Death		as stated in policy	Included
Endorsements			
		TOTAL Premium	

Remarks: _____

All the statements in this application are true and the owner hereby applies for a contract of insurance to be based on the truth of the said statements. Where, (a) an Applicant 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 and signing 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. Unless otherwise stated, the Applicant is both the Registered and Actual Owner of the described Yacht.

Date: _____ Signature of Applicant(s): _____

Broker Name _____ Number _____ Signature _____

Date and Time of application
day month year
Hour a.m. p.m.