



Pleasurecraft Application Form

Owner: _____ Date of Birth: _____ Phone: _____ Occupation: _____
 Address: _____ Postal Code: _____
 Loss Payee: _____ Date Vessel Purchased: _____
 Years as Owner: _____ Years as Operator: _____ Power Squadron: Yes No Pleasurecraft Operator Card: Yes No
 Any Criminal Code charges or convictions related to driving / boating: Yes No If yes, describe: _____
 Previous Insurer: _____ Policy Number: _____
 Pleasure Use Only: Yes No If no, describe: _____
 Other Operators: _____ :Age _____ Pleasurecraft Operator Card: Yes No
 Other Operators: _____ :Age _____ Pleasurecraft Operator Card: Yes No

DETAILS OF VESSEL:

Vessel Type: Sailboat Cruiser Jet Boat Ski/Wakeboard Houseboat Pontoon Troller Inflatable Other: _____ Live aboard: Yes No
 Hull Type: Fibreglass Wood Plywood F/G Over Wood Steel Aluminum Max. Speed (Kmh) _____
 Inboard Engine Out Board Engine Inboard/Outboard Other: _____ Fuel: _____

| Description | Year | Model | Make/HP | Length | Serial Number |
|--------------------|------|-------|---------|--------|---------------|
| Hull | | | | | |
| Engine (Main) | | | | | |
| Engine (Auxiliary) | | | | | |
| Dinghy/Tender | | | | | |
| Trailer | | | | | |
| Other | | | | | |

Surveyed: Yes No When: _____ (Please Attach Copy) Surveyor: _____
 Where is vessel principally used: _____ Moored: Yes No Location: _____
 Location of land storage: _____ Security Measures: _____
 Type of Anti-Theft Device used _____
 Details of claims in the last 5 years? _____

| | Purchase Price | Current Market Value | Insured Value |
|------------------------|----------------|----------------------|---------------|
| HULL & MACHINERY | | | |
| OUTBOARD ENGINE | | | |
| AUX. ENGINE | | | |
| DINGHY / TENDER | | | |
| TRAILER | | | |
| PERSONAL EFFECTS | | | |
| PROTECTION & INDEMNITY | | | |

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Broker Phone Number: _____
 Broker Firm: _____
 Broker Contact: _____
 Broker email: _____

Signature of Applicant: _____

Date: _____

Please return completed application to:

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 f. 604.484.5128
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