

WORK BOAT APPLICATION FORM

GENERAL INFORMATION

Vessel name: _____ Flag: _____

Vessel owners: (Company) _____

Vessel owners: (Name) _____

Phone: _____ Fax: _____ Email: _____

Loss Payee: _____

Copy of your last survey attached: Yes No Recs Complied Yes No

Date Vessel Purchased: _____ Purchase Price: _____

Details of any major refit/overhaul during the last 5 yrs. (Include dates and approximate cost):

VESSEL INFORMATION

Hull year built: _____ By: _____ Where: _____

Length: _____ Const.: _____ GRT: _____

Engine year: _____ Make: _____ HP _____

INSURANCE INFORMATION

Hull and Machinery sum insured: \$ _____

Trailer/Skiff sum insured: \$ _____

Protection and Indemnity limit: \$ _____

Breach of Warranty: \$ _____

This application is an electronic, fillable form. Fill out, save and email to: rrace@owlunderwriting.com or mail to Owl Underwriting 1455 W. Georgia St., Suite 500, Vancouver, BC V6G 2T3

PREVIOUS INSURANCE AND LOSS INFORMATION

PLEASE COMPLETE A SKIPPER QUESTIONNAIRE FOR EACH OWNER AND OPERATOR

VESSEL OPERATOR

OPERATION	OPERATING AREA	CALENDAR MONTHS	PASSENGER #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby declare that the particulars and answers given in this application are in every respect true and correct and that I have not withheld any information which could influence the decision of the company in regard to its acceptance.

Date: _____ Signature: _____

Save and Email Application