

Crew Boat Application

Applicants Name: _____

Mailing Address: _____

Describe the nature of the business: _____

Number of years in business: _____

Describe previous experience with similar operation or any other additional related experience: _____

Loss history for business (5 years): _____

Describe area of operation including waters the vessel is operated in: _____

Is crew boat service a set route between two points? Yes No

If yes, advise two points: _____

If no, describe usual routes: _____

Is vessel laid up over winter: Yes No

Describe storage arrangements: _____

Annual Gross Receipts: \$ _____

Average number of trips per week: _____

Indicate typical length of trip (kms): _____

Describe services offer on board: _____

Number of crew on board any one voyage: _____

Number of passengers on board any one voyage: _____

Are the vessel's crew covered by Workers' Compensation? Yes No

Are the passengers covered by Workers' Compensation? Yes No

All vessel operators' names, date of birth, experience, and claims history (past 5 years):

- _____
- _____
- _____

Describe permit or license obtained for each vessel in order to conduct this business: _____

Previous Insurer: _____

Policy No.: _____ Expiry Date: _____

Ever cancelled by an Insurer: Yes No

If yes, please advise why: _____



Vessel Name	Year	Length / Make / Model	Hull Material	Serial Number	Insured Value Requested
					\$
Maximum # of passengers:		Number of Life Jackets:	Other Safety Equipment:		
Date Purchased:		Purchase Price: \$		Date of Last Survey:	
Engine(s) Model	Year	EngineType(s) / HP	Max. Speed	Serial Number(s)	Insured Value Requested
					\$
					\$
Trailer Make / Model		Year	Serial Number		Insured Value Requested
					\$
Insurance Coverages Requested		Insured Value a/o Liability Limit			Deductible
Hull & Machinery (Total of ALL vessels):		\$			\$
Protection & Indemnity:		\$			\$
Other		\$			\$

Date: _____

Broker Name & Address: _____

Agent's Signature: _____

Applicant's Signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.