

## Water Taxi Application

Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number of years operating water taxi: \_\_\_\_\_

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

Loss history for this business (5 years): \_\_\_\_\_

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

Is the water taxi service a set route between two points? Yes  No

If yes, advise two points: \_\_\_\_\_

If no, describe typical routes: \_\_\_\_\_

Where is the vessel moored: \_\_\_\_\_

Is vessel laid up over winter: Yes  No

If yes, describe storage arrangements: \_\_\_\_\_

Annual Gross Receipts: \$ \_\_\_\_\_

Average number of trips per week: \_\_\_\_\_ Indicate typical length of trip (kms): \_\_\_\_\_

Number of passengers on board any one voyage: \_\_\_\_\_

Are all passengers required to wear life jackets whilst on board: Yes  No

Describe safety equipment on board: \_\_\_\_\_

Describe any services offered on board: \_\_\_\_\_

Is cargo or freight carried on board: Yes  No

Average value per voyage: \$ \_\_\_\_\_ Maximum value at any one time: \$ \_\_\_\_\_

Number of crew on board any one voyage: \_\_\_\_\_

Are the vessel's crew 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 been cancelled by an Insurer: Yes  No

If yes, please advise why: \_\_\_\_\_

**Watercraft Schedule:**

**DETAILS OF VESSEL: #**

**Vessel Type** In/Outboard  Outboard  Inboard  Jet Drive  Max Speed: \_\_\_\_\_  
**Hull Type** Fiberglass  Wood  Plywood  F/G Over Wood  Steel  Aluminum  Other \_\_\_\_\_

	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Aux.)					
Trailer					

Current Values:

Hull: \$ \_\_\_\_\_ Main Motor: \$ \_\_\_\_\_ Aux. Motor: \_\_\_\_\_ Trailer: \_\_\_\_\_

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**Hull Type** Fiberglass  Wood  Plywood  F/G Over Wood  Steel  Aluminum  Other \_\_\_\_\_

	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Aux.)					
Trailer					

Current Values:

Hull: \$ \_\_\_\_\_ Main Motor: \$ \_\_\_\_\_ Aux. Motor: \_\_\_\_\_ Trailer: \_\_\_\_\_

Insurance Coverage's Required	Total Values	Rate	Premium
<b>Hull &amp; Machinery</b> (total of all vessels)	\$		
<b>Protection &amp; Indemnity:</b> for each vessel	\$		
Total # of Watercraft to be insured?	#		

**Date:** \_\_\_\_\_

**Brokerage:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Agents Signature:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**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