



# McMichael-Davis

MARINE INSURANCE LTD.

2421 Marine Drive, Oakville, Ontario L6L 1C6

# APPLICATION FOR BOAT OWNER'S INSURANCE

TELEPHONE: 905-847-1616

FACSIMILE: 905-847-0780

**TOLL FREE: 1-888-821-8833**

info@mcmichael-davis.ca

www.mcmichael-davis.ca

<b>APPLICANT</b>	LAST NAME		FIRST NAME:		TELEPHONE - RESIDENCE ( )
	ADDRESS			CITY	TELEPHONE - BUSINESS ( )
	PROV	POSTAL CODE	EMAIL:		TELEPHONE - MOBILE ( )
	LOSS PAYABLE TO <input type="checkbox"/> INSURED or <input type="checkbox"/> LIENHOLDER:				FACSIMILE ( )
ADDRESS:		CITY:		PROV:	POST CODE

<b>INSURED VESSEL</b>	YEAR:	MANUFACTURER:	LENGTH:	MODEL:	VESSEL NAME / REGISTRATION:	<input type="checkbox"/> POWER <input type="checkbox"/> SAIL	PRESENT MARKET VALUE (Including Equipment & Taxes)
	HULL MATERIAL: <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL				SERIAL NUMBER:		VESSEL & MACHINERY
	ENGINES: <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD/OUTBOARD <input type="checkbox"/> OUTBOARD (COMPLETE NEXT LINE)		NUMBER:	FUEL: <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	HP:	MAX ADVERTISED SPEED:	\$
MAIN OUTBOARD MOTOR(S) (If Applicable)		MANUFACTURER:	YEAR:	SERIAL NUMBER:			OUTBOARD MOTOR \$

<b>EQUIPMENT &amp; FITTINGS</b>	ITEM	YEAR:	MANUFACTURER	SERIAL NUMBER	PRESENT MARKET VALUE (Including Equipment & Taxes)
	DINGHY/TENDER				\$
	OUTBOARD MOTOR FOR DINGHY/TENDER				\$
	BOAT TRAILER				\$

APPLIANCE	ENERGY SOURCE	PILOT LIGHT	VENTED	LOCATION OF ENERGY SOURCE	<b>FIRE PROTECTION</b>
STOVE		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HEATER / FURNACE		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
REFRIGERATOR / FREEZER		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> AUTO BILGE PUMP <input type="checkbox"/> SMOKE DETECTOR <input type="checkbox"/> VAPOR / FUME DETECTOR <input type="checkbox"/> ENGINE EXHAUST FAN <input type="checkbox"/> VHF/RADIO <input type="checkbox"/> RADAR <input type="checkbox"/> GPS					

## VESSEL MUST BE EQUIPPED ACCORDING TO FEDERAL SMALL VESSEL AND COLLISION REGULATIONS

<b>BOAT USE</b>	BOAT TO BE USED FOR: <input type="checkbox"/> PLEASURE USE <input type="checkbox"/> LIVE ABOARD <input type="checkbox"/> WATER SKIING <input type="checkbox"/> RENTED <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RACING				
	COMMERCIAL USE -- PLEASE EXPLAIN:				
	MOORAGE LOCATION - APRIL 1 TO NOVEMBER 30 <input type="checkbox"/> TRAILER	LAY-UP PERIOD DECEMBER 1 TO MARCH 31 UNLESS OTHERWISE ENDORSED	WINTER LAY-UP / STORAGE LOCATION: <input type="checkbox"/> IN-WATER		
WATERS NAVIGATED:		WILL VESSEL GO OUTSIDE OF GREAT LAKES EAST OF QUEBEC CITY, OR SOUTH OF TARRYTOWN, N.Y.? IF YES, EXPLAIN:			

<b>APPLICANT BACKGROUND</b>	BOATING EXPERIENCE: YRS	SIZE AND TYPE OF BOATS PREVIOUSLY OWNED:			
	CERTIFICATIONS, BOATING AND NAVIGATION COURSES, IF ANY:				
	NAME OF PRINCIPAL OPERATOR:	DRIVER'S LICENSE NUMBER:	BOATING EXPERIENCE:	YRS	
	OTHER NAMED OPERATOR:	DRIVER'S LICENSE NUMBER:	BOATING EXPERIENCE:	YRS	
	LIST ANY MOTOR VEHICLE OR MARINE INFRACTIONS FOR THE LAST THREE (3) YEARS: <input type="checkbox"/> NO INFRACTIONS				
	DESCRIBE ANY BOATING ACCIDENTS OR CLAIMS IN THE LAST FIVE (5) YEARS: <input type="checkbox"/> NO ACCIDENTS OR CLAIMS				
	HAS ANY INSURER DENIED YOU A POLICY, CANCELLED A POLICY OR REFUSED TO ISSUE A RENEWAL? <input type="checkbox"/> NO				
PREVIOUS INSURER:	POLICY NUMBER:	POLICY EXPIRY DATE:			

REQUEST FOR QUOTATION ONLY

APPLICATION FOR BOAT OWNER'S INSURANCE

POLICY REQUIRED BY (EFFECTIVE DATE): \_\_\_\_\_

Application is hereby made for insurance and the declarations contained herein are representations on which the policy is to be based. The APPLICANT warrants that no material fact is misrepresented or concealed. The completion and signing of this form does not bind the APPLICANT to the COMPANY to effect insurance on this risk. It is submitted for the purpose of rating and quotation only. If acceptable to the COMPANY, it is agreed that the information furnished herein shall be the basis of the contract should a policy be issued. The insurer is permitted to obtain investigative information about the applicant. APPLICANT understands that no insurance coverage is in force until McMichael-Davis Marine Insurance Ltd. Issues and confirms a policy number.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_