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BOAT APPLICATION

PAC Direct Bill Agency Bill

Broker Name _____ City _____

Broker E-Mail _____ Broker Code _____

| | | | | | | | | |
|--|-----|-------|------|---|-----|-------|------|--|
| Applicant's Full Name (Last name, First name) | | | | Postal Address (Street, City, Province) | | | | Postal Code |
| Loss, if any, is payable to | | | | Postal Address | | | | Postal Code |
| Policy Period | Day | Month | Year | To | Day | Month | Year | 12 MONTH POLICY TERM ONLY 12:01 a.m. Standard Time at the Postal Address of the Applicant as stated herein |
| From | | | | | | | | |
| Does the customer have a valid boat operations card? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| The customer is a CPS (Canadian Power Squadron) Member, or has passed an equivalent training course? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| The customer has been insured in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| If yes, who is the prior insurance Company? _____ | | | | | | | | |
| Previous Policy Number _____ | | | | | | | | |
| How many claims has the customer had in the past 3 years? _____ | | | | | | | | |
| Details of Claim(s) _____ | | | | | | | | |
| Would the customer like to add the Guaranteed Replacement Cost** ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| *watercraft year must be either 2010 or 2011 | | | | | | | | |
| What is the age of the primary operator? _____ | | | | | | | | |
| Description of BOAT <input type="checkbox"/> Outboard <input type="checkbox"/> Runabout <input type="checkbox"/> Deck Boat <input type="checkbox"/> Jet Boat <input type="checkbox"/> Sailboat <input type="checkbox"/> Cuddy Cruiser <input type="checkbox"/> Cruiser <input type="checkbox"/> Trawler <input type="checkbox"/> Personal Watercraft | | | | | | | | |
| Year: _____ Manufacturer: _____ Model: _____ Length: _____ | | | | | | | | |
| Hull Material: _____ Hull Number: _____ | | | | | | | | |
| Home Port: _____ Is boat used for charter, rental or live aboard? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Date of Last Survey: (if required) _____ <input type="checkbox"/> Surveyed <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat | | | | | | | | |
| <input type="checkbox"/> Survey Attached | | | | | | | | |
| Description of MOTOR : <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard Motor Serial # _____ | | | | | | | | |
| Year: _____ Manufacturer: _____ HP: _____ Fuel Type _____ Max Speed: _____ | | | | | | | | |
| TRAILER : Year: _____ Manufacturer: _____ Type: _____ Serial # _____ | | | | | | | | |

| Basis of Settlement: <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Agreed Value / Replacement Cost | | | |
|--|---|--|------------------------------|
| Coverages (all sections below in bold must be completed) | Amount of Insurance | Deductible | Annual Premium |
| Section A Boat (include boat equipment) | \$ _____ | \$ _____ 1% of insured value-Min\$250 | \$ t.b.a. |
| (Power Boats Only) Machinery Below the waterline (Engine) | Included | \$ _____ 2% of insured value-Min\$500 | Included |
| Outboard motor (if applicable) | \$ _____ | \$ _____ | \$ _____ |
| Dinghy (scheduled) | \$ _____ | \$ _____ | \$ _____ |
| Dinghy Motor (scheduled) | \$ _____ | \$ _____ | \$ _____ |
| Section B Liability (required coverage) | <input type="checkbox"/> \$1Million <input type="checkbox"/> \$2Million | None | t.b.a. |
| Section C FL & HWC | Statutory | None | Included |
| Section D Medical Payments | \$5,000 | None | Included |
| Section E Boat Trailer (ACV only) | \$ _____ | None | \$ _____ |
| Section F Family Protection (if applicable) | \$ _____ | None | Included |
| Section G Personal Property | \$ _____ | \$ _____ | \$ _____ |
| Consumer and previous Insurer reports containing personal, factual or investigative information about the applicant may be sought in connection with this application for insurance of a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge. | | Premium Sub-Total | \$ _____ |
| | | Provincial Tax | \$ _____ |
| | | Total Premium | \$ t.b.a. |
| _____ Signature of Insured(s) | | _____ Date | _____ Signature of Broker |

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.