## PLEASE ANSWER ALL QUESTIONS

**IF THEY DO NOT APPLY, INDICATE “N/A” - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant**:
2. **Mailing Address**:

**Website Address**:

1. Number of years in operation under present ownership:
2. Name of operating manager:
3. Number of full-time employees:
4. Number of part-time employees:
5. BUILDING DESCRIPTIONS

Note: This form of policy covers legal liability for damage to vessels occurring while in your c a r e, custody and control for mooring, hauling and launching, repairs, fuelling and storage. Please list all locations at which such operations are performed and check which operations are carried out.

|  |  |
| --- | --- |
| Location | Operations |
|  |  |
|  |  |
|  |  |

1. ANNUAL REVENUES

|  |  |  |  |
| --- | --- | --- | --- |
| Operation | Annual Revenue |  |  |
| Moorings and Slips | $ | # of moorings: | # of slips: |
| Storage | $ | # of boats stored: | Average value $ |
| Hauling & Launching | $ |  |  |
| Repairs & Maintenance | $ |  |  |
| Fueling | $ |  |  |
| TOTAL | $ |  |  |

1. FIRE PROTECTION AND SECURITY MEASURES

|  |  |  |  |
| --- | --- | --- | --- |
|  | Premises A | Premises B | Premises C |
| Certified central station alarm? | Yes  No | Yes  No | Yes  No |
| Watchman service when premises not open for business? | Yes  No | Yes  No | Yes  No |
| Area completely fenced & lighted? | Yes  No | Yes  No | Yes  No |
| Other measures? Please describe. |  | | |
| Are storage contracts always signed? | Yes  No | Yes  No | Yes  No |

Please indicate distance from Local Fire Department:

1. STORAGE OF BOATS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Premises A | Premises B | Premises C |
| What was the maximum number of boats stored at any one time? | Ashore in building |  |  |  |
| Ashore in the open |  |  |  |
| What was the maximum value of boats at any location? | Afloat | $ | $ | $ |
| Ashore | $ | $ | $ |

1. LIMITS REQUIRED
   1. Limit for boats afloat or ashore: $
   2. Protection and Indemnity Limit: $
2. OWNED BOATS

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description | Motor(s) | Insured Value |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

1. OTHER ACTIVITIES
   1. Do you operate a sailing school?  Yes  No
   2. Do you rent boats?  Yes  No
   3. Do employees operate members’ boats?  Yes  No
   4. Do you sell boats?  Yes  No
2. LOSS EXPERIENCE (During previous 5 years for all coverages being requested)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Premiums Paid | Loss Description | Losses Paid | Outstanding or Estimated |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. INSURANCE DETAILS
   1. Insurer:
   2. Policy Number:
   3. Number of years with current Insurer:
   4. Have you ever had insurance cancelled?  Yes  No

If Yes, please provide details:

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

## THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

Signature of Applicant (authorized representative) Date

SUBMITTED BY:

EMAIL:

# For contact information visit:

[**www.april.ca**](http://www.april.ca/)