



# "Beacon Boats" Pleasurecraft Application by Leaders Insurance

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Years as Owner: \_\_\_\_\_ Years as Operator: \_\_\_\_\_ Size of Boats Operated: \_\_\_\_\_ Power Squadron: YES  NO

Other Operators: \_\_\_\_\_ Age: \_\_\_\_\_ Years at Operator: \_\_\_\_\_ Size of Boats Operated: \_\_\_\_\_

List all accidents or claims in the past five years: Date / Amount / Details \_\_\_\_\_

Any Criminal Code charges or convictions related to driving / boating: YES  NO  If yes, describe: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Coverage effective: \_\_\_\_\_

Loss Payable (full address): \_\_\_\_\_

**DETAILS OF VESSEL:**

Vessel Type: In/Outboard  Outboard  Inboard  Sailboat  Jet Drive  Houseboat  Pontoon  Inflatable  Other: \_\_\_\_\_

Hull Type: Fibreglass  Wood  Plywood  F/G Over Wood  Steel  Aluminum  Other: \_\_\_\_\_

Description	Year	Make	Model	Length / HP	Serial Number
Hull					
Engine (Main)					
Engine (Auxiliary)					
Tender					
Trailer					
Other					

Fuel \_\_\_\_\_ Stove Type: \_\_\_\_\_ Fridge Type: \_\_\_\_\_

Max. Speed (mph) \_\_\_\_\_ Liveaboard: YES  NO  Pleasure Use Only: YES  NO  Describe: \_\_\_\_\_

Surveyed (please attach): YES  NO  When: \_\_\_\_\_ Surveyor: \_\_\_\_\_

Where principally used (be specific): \_\_\_\_\_ Moored: YES  NO  Location: \_\_\_\_\_

Where laid up (land storage): \_\_\_\_\_ Security Measures (Describe) \_\_\_\_\_

Type of Anti-Theft Device used \_\_\_\_\_

Purchased in: CAN  USA  Coverage for transit from US required? YES  NO  From Where: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

	Original Purchase Price	Current Market Value	Deductible / Rate
HULL & MACHINERY	_____	_____	_____
OUTBOARD ENGINE	_____	_____	_____
AUX. ENGINE	_____	_____	_____
DINGHY / TENDER	_____	_____	_____
TRAILER / BOATHOUSE	_____	_____	_____
PERSONAL EFFECTS	_____	_____	_____
PROTECTION & INDEMNITY	_____	_____	_____

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk. The applicants agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal, extension, variation or cancellation thereof.

**PREMIUM IS FULLY EARNED – MINIMUM ANNUAL RETAINED (Unless Watercraft is sold)**

DATE: \_\_\_\_\_

AGENT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

Fax: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(of Applicant)

BROKER EMAIL: \_\_\_\_\_