

Application for Commercial Hovercraft Insurance *Atlantic Marine Underwriters Inc.*

*Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1*  
*Tel: (705) 878-9014 Fax: (705) 878-4387 www.atlanticmarine.net*

Applicant's Name: \_\_\_\_\_ Broker's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Loss Payee \_\_\_\_\_

**Description:** Hovercraft Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Serial No: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model Name: \_\_\_\_\_

Year Built: \_\_\_\_\_ GRT: \_\_\_\_\_ Length: \_\_\_\_\_ Beam: \_\_\_\_\_

Skirt: One continuous unit: \_\_\_\_\_ Individual units: How Many? \_\_\_\_\_ Max. Speed: \_\_\_\_\_

**Use of Hovercraft:** Charter Fishing: \_\_\_\_\_ Diving: \_\_\_\_\_ Sightseeing: \_\_\_\_\_ Other: \_\_\_\_\_

Frequency of Charters: \_\_\_\_\_ Any Bareboat Charters? Yes: \_\_\_ No: \_\_\_ Average No. of Passengers: \_\_\_\_\_

Number of Passengers C. S. I. Approved to carry: \_\_\_\_\_ Day Charter: \_\_\_\_\_ Overnight: \_\_\_\_\_

Length of trip: \_\_\_\_\_ Alcoholic beverages served? Yes: \_\_\_ No: \_\_\_ Food served: Yes: \_\_\_ No: \_\_\_

Cooked aboard? Yes: \_\_\_ No: \_\_\_ Other (please describe fully): \_\_\_\_\_

Total annual gross receipts: \_\_\_\_\_

**Operation:** Geographical area and type of terrain for routine operations: \_\_\_\_\_

Is the operation? Twelve months of the year: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Where is the Hovercraft moored? \_\_\_\_\_

Where Laid up? \_\_\_\_\_ Laid up ashore? \_\_\_\_\_ Afloat year round? \_\_\_\_\_ Postal Code: \_\_\_\_\_

Lay up dated from: \_\_\_\_\_ To: \_\_\_\_\_

**Hovercraft Operation Experience:** No. of operators: \_\_\_ Operator Name: \_\_\_\_\_ Years operating Hovercraft: \_\_\_\_\_

Name of second operator: \_\_\_\_\_ Years operating Hovercraft: \_\_\_\_\_ Other operators: \_\_\_\_\_

Years operating Hovercraft: \_\_\_\_\_ Qualifications of operators: \_\_\_\_\_

Have operators attended or are they willing to attend the factory-approved training course? \_\_\_\_\_

List all losses/claims within the last 5 years: \_\_\_\_\_

Valuation: (Include Hull, Machinery, Attached Machinery) Estimated current replacement (new) value: \$ \_\_\_\_\_

Present Market Value: \$ \_\_\_\_\_ Price paid when purchased: \$ \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Electronic Equipment: CB Radio: \_\_\_\_\_ VHF Radio: \_\_\_\_\_ Loran: \_\_\_\_\_ Pathometer/Depthsounder: \_\_\_\_\_

RDF: \_\_\_\_\_ Auto Pilot: \_\_\_\_\_ Radar: \_\_\_\_\_ Ship-to-shore Radio: \_\_\_\_\_ Sonar: \_\_\_\_\_ Other: \_\_\_\_\_

**Safety Equipment:** Manual fire extinguishers: No. \_\_\_\_\_ Type: \_\_\_\_\_ Date last tested and tagged: \_\_\_\_\_

Automatic bilge pumps: No. \_\_\_\_\_ Manual bilge pumps: No. \_\_\_\_\_

Trailer: year Built: \_\_\_\_\_ Serial No. \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Insurance Coverages:** \_\_\_\_\_ **Amount of Insurance Required:**

Hull & Machinery & Equipment \_\_\_\_\_ Value at \$ \_\_\_\_\_

Owned Trailer: \_\_\_\_\_ Value at \$ \_\_\_\_\_

Other: \_\_\_\_\_ Value at \$ \_\_\_\_\_

Deductible Required: \_\_\_\_\_

Protection & Indemnity: \_\_\_\_\_ \$ \_\_\_\_\_

**Present Insurer:** Presently insured by: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has the company ever cancelled or refused insurance of this description? Yes: \_\_\_ No: \_\_\_

If so, advise reason: \_\_\_\_\_

**Agreement/Declaration:** Signing this form does not bind the proposer of insurer to complete this insurance, but it is agreed that this proposal and questionnaire shall be the basis of the insurance contract entered into with this company. I hereby declare that the particulars and answers given in this proposal are in every respect true and correct and that I have not withheld any information which could influence the decision of the company in regard to acceptance of the proposal.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_