

Application for Commercial Hull & Machinery Ins.

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 #: _____
E-Mail Address: _____

Nature of Business _____
Policy Term _____ Loss Payable _____ % of Lien: _____

Subject-Matter Insured

Name	Value	Year Built	Construction Material	GT	Length	Type	Machinery Classification	Passenger Capacity
1)								
2)								
3)								
4)								

Area of Navigation _____ Period of Navigation _____
Vessel Last Surveyed _____ Name of Surveyor _____

Surveyors Recommendations _____

Where Laid-up and out of Commission _____ Ashore Afloat

Has the vessel been overhauled, converted or modified in any way? YES NO

Provide details _____

Machinery Particulars

Make: _____ Model: _____ Number Installed: _____ HP – each: _____

Fuel Used: _____ Year Built: _____ Fire Extinguishers #: _____ Built In: _____

Number of Crew: _____ Is vessel ever used single handed? YES NO

Provide details _____

Please describe the specific use of the vessel: _____

Please state type of mooring when in commission and when laid-up: _____

Are there any propane or wood appliances on board the vessel? _____ Pilot Lights? _____

Details of Current Insurance

Insurer: _____ Value Insured: _____ Deductible: _____ Rate: _____

Special Terms (If Any): _____

Have you ever had your vessel insurance declined YES NO or cancelled YES NO

Coverage required and Sums to be Insured:

Hull & Machinery: _____

Special Equipment (ie: Electronics): _____

Valued & itemized inventory with serial numbers must be provided before binding

Total Physical Damage to be insured: _____

Third Party Liability Limit Required: _____

Deductible Desired On: Hull: _____ Liability: _____

Loss History Of Vessel

Year	Details of Loss	Amount of Claim

OWNER'S/SKIPPER'S QUESTIONNAIRE

TO BE COMPLETED BY THE SKIPPER AS A SUPPLEMENT TO THE APPLICATION:

1. Name of Owner/Skipper: _____
2. Address: _____
3. Date of Birth: _____ 4. How long have you been captaining/crewing? _____
5. Certificates/Qualifications Held: _____
6. Details of Previous Vessels Owned/Skippered/Crewed On in the last 5 Years:
Use separate sheet if required

VESSEL	HOME PORT	SIZE OF VESSEL	POSITION HELD	DATES

7. Claims/Loss Record of Skipper for the Last 5 Years on All Vessels Operated, Whether Insured or Not:

YEAR	DETAILS OF LOSS	AMOUNT OF CLAIM

8. Have you at any time been involved in any major damages/total losses on any vessel whether insured or not?
If so, give brief details including date, costs, and name(s) of vessel(s) involved.

Important

It is important to remember that failure to disclose all material facts (i.e.) facts which an insurer would regard as likely to influence their acceptance and assessment of the Proposal may invalidate the insurance. If you are in any doubt as to whether facts are material, you should disclose them.

A specimen copy of policy conditions is available on request.

In the event of an insurance being affected, it is important to consider this form in conjunction with the Policy as the latter may contain exclusions/warranties/provisions which override anything stated on this form.

Signing this form does not bind the Applicant to complete the insurance, but it is agreed that this form shall be the basis of the contract should the insurance be effected.

Declarations

I hereby declare that to the best of my knowledge and belief the particulars and answers shown hereon (and on any supplementary information provided) are true and correct and that I have not withheld any Material Information and/or Facts in regard to the Application.

Date: _____

Signature: _____