|  |
| --- |
| **MARINE (POWERBOAT)**  - Application for Insurance |

This product is for boats primarily powered by an engine. Please complete the Sailboat application if this is a Sailboat.

**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |
| Applicant’s Contact Email Address for E-Signature\* | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | |
| Primary applicant (registered owner): | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |
| **ADDITIONAL APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Principal Operator: | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
| Principal Operator Date of Birth: | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
| Mailing address: | | |  | | | | | | | | | | | City: | | |  | | | | | |
|  | | |  | | | | | | | | | | |  | | |  | | | | | |
| Province: | | |  | | | | | | | | | | | Postcode / ZIP Code: | | |  | | | | | |
|  | | |  | | | | | | | | | | |  | | |  | | | | | |
| **BOATING EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | |  | | |
| How many years of boating EXPERIENCE does the applicant have in Canadian waters (i.e. using a boat owned by you, or owned by your family or friends, or rentals/charters)? | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | |  | | | | | | | |  | | | | | | |  | |
| Has applicant personally OWNED a boat in Canada? | | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | | | |  | |
|  | If yes, how many years has applicant personally OWNED a boat in Canada? | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | |  | | | | | | |  | |
|  | What was the length (in feet) of the largest boat the applicant has owned? | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | |  | | | | | | |  | |
| Member of boating club / association: | | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  |  | | | | | | | | | | | | |  | | | | | | |  | |
|  | If yes, club name: | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | |
| Boating education & courses: | | | | | | | | | | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | |  | | | | | | |  | |
|  | Captain/Master | | | | | | | | | | USCG | | | | Pleasure Craft Operators Card Only | | | | | | | |
|  | SVOP | | | | | | | | | | CYA/ASA | | | | ISPA – International Sail & Power Academy | | | | | | | |
|  | Canadian Power and Sail Squadron Course (Operators Card Course does not qualify) | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | |  | | | | | |
| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | |  | | | | | |
| How many boating losses (insured or otherwise) has applicant(s) had in the past 5 years? | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | |
|  | None | | | 1 | | | | | 2 | | | | 3 or more | |  | | | |  | | |  |
|  |  | | |  | | | | |  | | | |  | |  | | | |  | | |  |
|  | \*For each claim or loss, complete the information below (attach separate page if required). | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | |  | | | |  | |  | | | |  | | |  |
| Claim/ Loss 1: | | Date of loss: | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | |
|  | Amount of loss / damage / amounts paid: | | | | | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | |
|  | Theft – Total | | | | | | | | | | Theft – Partial | | | | | Collision with another boat or dock | | | | | | |
|  | Bodily Injury or Accidental Death | | | | | | | | | | Vandalism | | | | | Collision with a submerged object | | | | | | |
|  | Sinking/Submersion - Partial | | | | | | | | | | Fire – Partial | | | | | Windstorm, Hail, Snow | | | | | | |
|  | Sinking – Total | | | | | | | | | | Fire – Total | | | | |  | | | | | | |
|  | Other – provide details: | | | | | | |  | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Claim/ Loss 2: | | Date of loss: | |  | | | |
|  | | | |  | | | |
|  | Amount of loss / damage / amounts paid: | | | | |  | |
|  |  | | | | |  | |
|  | Theft – Total | | | | Theft – Partial | | Collision with another boat or dock |
|  | Bodily Injury or Accidental Death | | | | Vandalism | | Collision with a submerged object |
|  | Sinking/Submersion - Partial | | | | Fire – Partial | | Windstorm, Hail, Snow |
|  | Sinking – Total | | | | Fire – Total | |  |
|  | Other – provide details: | |  | | | | |
|  |  | |  | | | | |

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| Claim/ Loss 3: | | | | Date of loss: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | Amount of loss / damage / amounts paid: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | Theft – Total | | | | | | | | | | | | | | Theft – Partial | | | | | | | | Collision with another boat or dock | | | | | | | | | | |
|  | | Bodily Injury or Accidental Death | | | | | | | | | | | | | | Vandalism | | | | | | | | Collision with a submerged object | | | | | | | | | | |
|  | | Sinking/Submersion - Partial | | | | | | | | | | | | | | Fire – Partial | | | | | | | | Windstorm, Hail, Snow | | | | | | | | | | |
|  | | Sinking – Total | | | | | | | | | | | | | | Fire – Total | | | | | | | |  | | | | | | | | | | |
|  | | Other – provide details: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant carried insurance on a marine pleasure craft in the past 5 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | If yes, name of previous Insurer? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Is this boat currently insured with Forward Insurance Managers Ltd.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Has insurance ever been cancelled or refused? If yes, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | If yes, provide details: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Non-payment – outstanding premium has been paid | | | | | | | | | | | | | | | | | | | | Non-payment – outstanding premium still owing | | | | | | | | | | | | |
|  | | Age of vessel OR current/prior carrier required marine survey | | | | | | | | | | | | | | | | | | | | Current/prior no longer writes this class | | | | | | | | | | | | |
|  | | Claims history | | | | | | | | | | | | | | | | | | | | Condition/housekeeping of the vessel | | | | | | | | | | | | |
|  | | Vessel value | | | | | | | | | | | | | | | | | | | | Speed of vessel | | | | | | | | | | | | |
|  | | Lack of experience | | | | | | | | | | | | | | | | | | | | Driving record | | | | | | | | | | | | |
|  | | Vessel kept on a mooring buoy | | | | | | | | | | | | | | | | | | | | Liveaboard | | | | | | | | | | | | |
|  | | Commercial use | | | | | | | | | | | | | | | | | | | | Storage/moorage location | | | | | | | | | | | | |
|  | | Navigation territory required | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **AUTOMOBILE DRIVING RECORD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| How many minor moving violations in the last 3 years? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | None | | | | | 1 | | | | | 2 | | | | | | | 3 or more (provide details): | | | | | | |  | | | | | | | | |
|  | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | |
| How many major moving violations in the last 3 years? (Impaired, Dangerous, Reckless, Excessive speeding, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |
|  | | None | | | | | 1 | | | | | 2 | | | | | | | 3 | | | | | | |  | | | | | | | | |
|  | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | |
| How many at-fault claims or accidents in the last 3 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |
|  | | None | | | | | 1 | | | | | 2 | | | | | | | | | | |  | | | | | | | | | | | |
|  | |  | | | | |  | | | | |  | | | | | | |  | | | |  | | | | | | | | | | | |
| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |
| Select vessel and property use: | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  |
|  | | Strictly private pleasure only – no commercial/rental use | | | | | | | | | | | | | | | | | | | | | Skippered fishing up to $20,000 annually | | | | | | | | | | | |
|  | | Some commercial use | | | | | | | | | | | | | | | | | | | | | Skippered fishing over $20,000 annually | | | | | | | | | | | |
|  | | Other – Provide details: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Is the vessel used as live aboard? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Is the vessel Canadian registered/licensed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | If you have indicated the vessel is not registered/licensed in Canada – please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The Applicant(s) hereby attests that the vessel will be registered/ licensed as required by law within 30 days: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Category/ Class of Vessel: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | OB. Outboard boat (outboard powered) | | | | | | | | | | | | | | | | | | DB. Day Boat (does not have full galley or accommodations) | | | | | | | | | | | | | | |
|  | | CC. Cuddy Cabin | | | | | | | | | | | | | | | | | | PO. Pontoon Day Boat | | | | | | | | | | | | | | |
|  | | HB. Houseboat | | | | | | | | | | | | | | | | | | BB. Bass Boat | | | | | | | | | | | | | | |
|  | | WS. Wake Boat / Surf Boat / Ski Boat | | | | | | | | | | | | | | | | | | JB. Jet Boat | | | | | | | | | | | | | | |
|  | | SA. Sailboat | | | | | | | | | | | | | | | | | | CR. Cruiser (full height standing room in cabin) | | | | | | | | | | | | | | |
|  | | TR. Trawler (full height standing room in cabin) | | | | | | | | | | | | | | | | | | HP. High Performance (capable of speeds in excess of 70mph) | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Does the vessel have a full galley (full kitchen)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the vessel have full height standing room in the cabin? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **VESSEL + MAIN MOTOR DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Vessel Year: | | | | | |  | | | | | | | Year Purchased: | | | | | | | |  | | | |  | | | | | | | |  | |
|  | | | | | |  | | | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | |
| Manufacturer: | | | | | |  | | | | | | | Model: | | | | | |  | | | | | | Length (ft): | | | | |  | | | | |
|  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |
| Hull Construction: | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |
|  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |
|  | | Fiberglass | | | | | | | | | Aluminum – Riveted | | | | | | | | | | | Aluminum – Welded | | | | | | | Steel | | | | | |
|  | | Inflatable | | | | | | | | | Wood | | | | | | | | | | | Ferro Cement | | | | | | | Fiberglass over Wood | | | | | |
|  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |
| Total Horsepower of Main Motor(s): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Max speed (as per manufacturer MPH): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Total Combined Purchase Price (incl. taxes) for Boat, Motor(s), Equipment + Trailer: | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **NAVIGATION AREA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Where is the vessel and property used? Select your requested navigation limits to be incorporated into the policy agreement. Select multiple if applicable. Do NOT skip this section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ILR-1 (Inland Waters-Canada/Bordering US States):** The navigable inland lakes and rivers of Canada, and the states of Washington, Idaho, Montana, North Dakota, Minnesota, Wisconsin, Michigan, Indiana, Ohio, Illinois, Pennsylvania, New York, Vermont, New Hampshire, Maine, and Alaska. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **PAC-1 (Protected Coastal-BC/Washington):** The navigable coastal waters of British Columbia and Washington state, but not outside of lines drawn between the following places: Cape Flattery and Owen Point; Cape Sutil and Mexicana Point; Cape James and Allison Harbour. In no event will the Insured Vessel be used in the coastal waters and Inlets of the West Coast of Vancouver Island between Owen Point and Cape Sutil or on the Fraser River above the mouth of the Sumas River. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **PAC-2 (Unprotected Coastal-West):** The navigable coastal waters of the west coast of Canada but not north of Skagway, Alaska, and not west of Cape Spencer. In no event shall the Insured Vessel exceed 100 nautical miles offshore. The navigable coastal waters of Washington state but not west of Cape Flattery. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ATL-1 (Coastal-East):** The navigable coastal waters of Eastern Canada and the United States but not north of 52°N and not south of 40°N. In no event shall the Insured Vessel exceed 100 nautical miles offshore. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Other:** Not Described Above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LAY-UP LOCATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where is the Vessel kept when not in use – during the boating season? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Residence | | | | | | | | | | | | | | Cottage | | | | | | | | | | Other Private Residence | | | | | | | | |
|  | | Marina/Yacht Club | | | | | | | | | | | | | | Boat Storage Compound | | | | | | | | | | Public Storage Compound | | | | | | | | |
|  | | Commercial/Industrial Premise | | | | | | | | | | | | | | Mooring Buoy | | | | | | | | | | Other | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| Where is the Vessel kept when not in use – during the off-season? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | Residence | | | | | | | | | | | | | | Cottage | | | | | | | | | | Other Private Residence | | | | | | | | |
|  | | Marina/Yacht Club | | | | | | | | | | | | | | Boat Storage Compound | | | | | | | | | | Public Storage Compound | | | | | | | | |
|  | | Commercial/Industrial Premise | | | | | | | | | | | | | | Mooring Buoy | | | | | | | | | | Other | | | | | | | | |
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| **COVERAGES**  (current market value incl. taxes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vessel (incl. Main Motor(s) & Attached Equip.): | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Auxiliary / Secondary / Trolling O/B Motor: | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |
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| Trailer: | | | $ | | | | | | | | | | | | | | | | | | Floating Boat Shed: | | | | | $ | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Boat Lift: | | | $ | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
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| P&I (Liability) Limit: | | | | | | | $1,000,000 | | | | | | | | $2,000,000 | | | | | | | | | | | | | | | | | | | |
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| **MULTI-POLICY LOYALTY DISCOUNT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant currently have another boat or PWC policy with Forward Insurance Managers Ltd.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
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|  | | If yes, policy number: | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Complete Application Details** | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **Risk Information** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Loss Payable 1 – Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address: | | |  | | | | | | | | | | | | | | | | | | City: | |  | | | | | | | | | | | |
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| Province: | | |  | | | | | | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | |  | | | | | | | |
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| **VESSEL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Serial number: | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
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| **VESSEL LOCATION (BOATING SEASON)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address: | | |  | | | | | | | | | | | | | | | | | | City: | |  | | | | | | | | | | | |
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| Province: | | |  | | | | | | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | |  | | | | | | | |
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| **VESSEL LOCATION (OFF-SEASON)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address: | | |  | | | | | | | | | | | | | | | | | | City: | |  | | | | | | | | | | | |
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| Province: | | |  | | | | | | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | |  | | | | | | | |
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| **AUXILIARY MOTOR DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Year: |  | | | | | | | | Manufacturer: | | | | | | | |  | | | | | | | | Horsepower: | | | | | |  | | | |
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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant(s):** | | | | | | | | |  | | | | | | | | | | | | | **Date:** | | |  | | | | | | | | | |
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| **Brokerage:** | | | | |  | | | | | | | | | | | | | | | | | **Broker ID#:** | | |  | | | | | | | | | |
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| **Broker Email:** | | | | |  | | | | | | | | | | | | | | | | | **Phone:** | | |  | | | | | | | | | |
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| **Email completed apps to newmarine@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |