

Client Code:	
Broker Name:	
Broker Email: _	

Sport Boat/Yacht Application

CLIENT INFORMATION

Name of Owner(s)	Dateof Birth	Occupation
Street Address:		
Mailing Address (if different):		
Loss, if any, payable to the Insured and:		
Home Phone	Cell Phone	Email Address

LOSS HISTORY AND EXPERIENCE OF OWNERS/OPERATORS

Years of Owned Experience with Boats:		Years of Non-owne	d Experience with Boats:	
Types of Boats Operated:		Size of Boats Operc	ated:	
Boating Coursesor Other		Names & Birthdate	es of Other	
Experience:		Operators:		
Previous Insurer, Policy		HasInsurance been	n Declined or	
Number & Expiry Date:		Cancelled? If yes, state reason		
Pleasure CraftOperatorCard?		Power Squadron/C	CYA?	
Current Power Squadron		Membership Number:		
Member?				
Loss History (5 years):		Amount(s) Paid:		
List all moving traffic violationsand at-fault accidents peroperator in the past 5 years:				
Date(s) of Accident: Date(s) of Conviction		tion(s): Current Driver's Licence: Yes /		

VESSEL INFORMATION

Year Built:		Make	e:		Mc	odel:	
Serial #:		Regis	tration #:		Lic	ence #:	
Length (ft):		Widt	h (ft):		Na	me of Boat:	
Purchase Date	:	Purch	nase Price:		Su	rvey Date:	
Current Marke	t Value:			Replacemer	nt Value:		
Type of Boat:	Sailboat	Cruiser	Houseboat	Runabou	ıt Multih	ull Ski Boat	
Construction:	Fibreglass	Aluminum	Steel Wo	ood Fabr	ic Fibreglo	ıss over wood	Other:
Cruising Speed	in MPH:		Maximum	n Speed in N	1PH:		
Marina Name:			Marina A	ddress:			
Storage Facility	/& Address:						
NavigationLimits ((check all thatapply, as			#1	#2	#3		
Vessel Use(s): (check all that apply)	Pleasure Only	Waterskiing	Charter	Business	Liveaboard	Racing (type): _	

MAIN ENGINE DETAILS

Year:	Make:	Model:	Horsepower:
Serial Number:		Fuel: Gas Diesel (Dther:
Type: Inboard Inboard	l/Outboard Outboard	Jet Drive	
If Outboard, value of motor:	Rebuilt Date	Fire Fi	ghting System:

VESSEL EQUIPMENT

Cabin HeatFuel: HotWater HeatFuel:						
CookStoveFuel:	Refrigerator Fue	el:				
Electronics: (check all that apply) Compass VHF GPS Sounder Auto Pilot Other:						
Alarms: (check all that apply) Bilge Engine Heat Fume Detector Oil Pressure						
	<u> </u>		CoastGuard Sta	ndards: Ye	s N	lo
Dinghy/Tender:						
Year: Make:	Mod	el:	S/N:		Current	tValue:
Auxiliary Motor Information:			Horsepower:			
Year: Make:	Mod	el:	S/N:		Current	tValue:
Auxiliary Motor Information:			Horsepower:			
Year: Make:	Mod	el:	S/N:		Current	t Value:
Trailer:						
Year: Make:	Mod	el:	S/N:		Current	t Value:
Boathouse:						
Year Built:	Cons	struction:		CurrentVa	alue:	
COVERAGE LIMITS REQUESTED						
		L	imit	Deductible	e	Premium
Hull & Machinery (incl Electronic Navig	ation					
Equip)						
Main OutboardMotor						
Auxiliary Motor					\$250	
Tender/Dinghy					\$250	
Boathouse					\$500	
Personal Effects					\$250	Included
Other						
Total Amount of Insurance						
Other						
Trailer					\$250	
Protection& Indemnity					n/a	
Uninsured/UnderinsuredBoater Protection		Included	in Liability Limit		n/a	Included
Medical Payments					n/a	Included
Terms & Conditions:						
Signature: Date:						
Policy Start Date requested:						

Disclosurestatements

I understand that the above informations correct and complete to the bestof my knowledge, is tobe the bases of this insurance, if granted, but does not obligateme to accept the insurance nor for the company to accept the risk.

Where (a) an Applicant for this contract gives false particularso the prejudice of the insurer or knowingly misrepresentsor fails to disclose any fact in any part of this application required to be stated therein; or the Insured contravenes aterm of the contractor commits a fraud; or (c) the Insured willfully makes a falsestatement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicants have reviewed all partand attachments of this application and acknowledge that all informations true and correct and understand that this application for insurances based on the truthand completeness of this information. I have provided personal information and claims history. I authorizem y broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessingmy application for insurance and underwritingmy policies, evaluating claims, detecting fraud, and analyzing business results. I confirm that all individuals whose personal informations contained in this document have authorized that agree to the above on their behalf.

Office: 1-877-655-1141

Fax:	250-652-4427
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SeaFirst Boat Application August 2021

TRADINGWARRANTIES

(#1) BCInland (Fresh water lakes and rivers)

WARRANTEDduring the currency of this policy to be confined to the navigable inland waters of British Columbia, Alberta and Saskatchewan and with permission to occasionally operate on the navigable inland waters of Washington, Idaho and Montana States.

(#2)BCCoastal(salt water) – For vessels under 26'

WARRANTED during the currency of this policy to be confined to the coastal waters of mainland British Columbia and the Northand West Coast of Vancouver Island, including Puget Sound and adjacent waters, the Juan de Fuca Strait, and the Portland Canal, but at no time to proceed more than 20 nautical miles offshore or on the Fraser River east of the mouth of the Sumas River.

(#3)BCCoastal(salt water) - For vessels 26' and over

WARRANTED during the currency of this policy to be confined to the Coastal Waters of British Columbia including the West Coast of Vancouver Island and West Coast of the Queen Charlotte Islands (Haida Gwaii), Puget Sound and adjacent waters, Juan de Fuca Strait and Southeastern Alaska, but WARRENTED to navigate:

a) Outside(west) of a line drawn from: 4	8° N128 ° W
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to	53° N134 ° W
to	58° N137 ° W
to	CapeSpencer

b) On the Coast of Washington south of 48° N

c) On the Fraser River east of the mouth of the Sumas River.

Please note: the Sumas River is the cutoff point on the Fraser River – east of the Sumas River becomes BCInland