



PWC Application (Jetski's, Seadoo's, etc.)

Name: _____ Date of Birth: _____ Phone: _____ Occupation: _____

Mailing Address: _____ City: _____ Postal Code: _____

Years as Owner: _____ Years as Operator: _____ Power Squadron: YES NO Pleasurecraft Operator Card: YES NO

Other Operators: _____ Age: _____ Pleasurecraft Operator Card: YES ☐ NO ☐
_____ Age: _____ Pleasurecraft Operator Card: YES ☐ NO ☐

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, please describe: _____

Previous Insurer: _____ Coverage effective: _____

Loss Payable (full address): _____

DETAILS OF THE UNIT:

Description	Year	Make	Model	Max speed	Length / HP	Serial Number
PWC 1						
PWC 2						
PWC 3						
TRAILER						
OTHER						

Pleasure Use Only: YES ☐ NO ☐ If "NO" please describe: _____

Where principally used (be specific): _____ Moored: YES ☐ NO ☐ If "YES", where? _____

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 ☐ If "YES" from where: _____

	Purchase Date	Purchase Price	Current Market Value	Coverage Type (Select One)			Deductible	
PWC 1				All Risk	*Modified All Risk	Liability Only	\$500	\$1,000
PWC 2				All Risk	*Modified All Risk	Liability Only	\$500	\$1,000
PWC 3				All Risk	*Modified All Risk	Liability Only	\$500	\$1,000
Trailer								
Liability Limit				\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>	\$3,000,000 <input type="checkbox"/>		

***Modified All Risk Coverage** includes the following theft restriction: Theft is excluded unless the Unit(s) is locked and chained to an immovable object; kept on a locked trailer or boat lift system; or stored in a fully enclosed locked building/container. Visible evidence of forceable entry, forceable removal or forceable damage to the antitheft apparatus must be present."

The applicants agree that reports containing personal , credit, factual record, premium payment or claims history information 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: _____

SIGNATURE: _____
(of Applicant)

AGENT: _____

AGENCY: _____

FAX: _____

BROKER EMAIL: _____

PHONE: _____