



# HENDRY SWINTON MCKENZIE

INSURANCE SERVICES INC.

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## YACHT APPLICATION

**Name of Owners:**

**Address:**

**Occupation:**

### HULL

Name of Boat:

Year Built:

Purchased: m/yr

Current Market Value:

Surveyed by:

Construction:

Design Type:

Fibreglass

In/Out Cruiser

Catamaran/Trimaran

Length:

Purchased from:

Wood

Inboard Cruiser

Aluminum

Steel

Houseboat/Cruise-a-Home

Manufacturer/Builder:

Purchase Price:

Estimated Replacement Value:

Date of Survey:

Fibreglass over Wood

Sailboat or Aux. Sailboat

### MOTORS

Main Engines:

Number

Manufacturer

Year Built

HP

Gas

Diesel

Aux. Outboard

Number

Manufacturer

Year Built

HP

Serial#

Curr. Value

Motor(s):

Maximum Speed of

Vessel:

m.p.h.

### EQUIPMENT

Fire Extinguishers: Number

Type

Built-In System (Y/N)

Bilge Sensor/Alarm System (Y/N)

Engine Oil Pressure & Temperature Alarm System (Y/N)

Fume Detector/Alarm (Y/N)

Heater - Fuel

Refrigerator - Fuel

Galley Stove - Fuel

Aux. Generator - Fuel

**DINGHY/TENDER:** (Y/N)

Year Built

Manufacturer

Current Market Value

Is dinghy occasionally used as a separate pleasure craft? (Y/N)

Is dinghy occasionally used for water sports? (Y/N)

**TRAILER:** Year Built

Manufacturer

Serial #

Current Market Value

**OWNED BOATHOUSE:**

Year Built

Length

Width

Construction

Current Market Value

Where is the vessel moored?

Where is the vessel stored?

### OPERATING AREA:

**USE OF VESSEL:** Private Pleasure Only (Y/N)

Used for Water Sports (Y/N)

Live Aboard (Y/N)

Is yacht raced (Y/N)

Occasional pleasure charter or occasional commercial purposes (Y/N)

(attach details)

**NAME OF OPERATORS:**

Date of Birth

Years as operator/crew

Size & type of vessels operated

Boating Education/Courses

1

2

**LOSS EXPERIENCE:** Have you or any operator listed had any losses or accidents involving vessels?(Y/N)

**Date of Loss**

**Cause**

**Amount**

1

2

3

**Has Insurance ever been declined or cancelled by Insurers?**

Y/N

### COVERAGES:

**Amount of Insurance Required** (not to exceed current market value)

(a) Hull & Machinery

\$

(g) Protection & Indemnity

\$

(b) Aux. Outboard Motor(s)

\$

sublimit for Watersports

\$

(c) Tender(s)/Dinghy(s)	\$	(h) Medical Payments*	\$ 1,000 any one person
(d) Trailer	\$	(i) Primary Personal Effects	\$ 5,000 any one time
(e) Owned Boathouse	\$	(j) Excess Personal Effects	\$
(f) Owned Boat Trailer	\$		

\* included only if Protection & Indemnity cover granted.

**INSURANCE REQUIRED from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**LOSS PAYEE (INCL.ADDRESS)**  
**PREVIOUS INSURER**

The above information is warranted by the applicant to be true and complete in all respects as a basis on which insurance may be granted, but in no manner requires the applicant nor binds any insurers to the risk.

**SIGNATURE OF OWNERS** \_\_\_\_\_  
**DATE:** \_\_\_\_\_