Northstar MARINE INSURANCE

Pleasure Craft Marine Application

Named of Insured (registered owner of vessel):

Postal Address (Street, City, Province, Postal Code)

Leinholder/Loss Payee Postal Address (Street, City, Province, Postal Code)

Policy Period: 12 month term policy 12:01 am Standard Time at the postal address of the Names Insured as stated herein

Day Month Year TO Day Month Year

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Policy Type: ☐**AGREED VALUE/REPLACEMENT COST** ☐**ACTUAL CASH VALUE**

Previous Boat Insurance: ☐Yes ☐ NO Name of Company: Policy #:

Any Claims in Last 3 years: ☐ Yes ☐ NO Number of Claims ☐ If yes give details(type of loss, date of loss, amount of claim):

Primary Operator Name: Date of Birth:

Secondary Operator Name: Date of Birth:

Navigation Courses Completed. (list courses):

Description of Boat Insured: ☐ Runabout ☐ Sailboat ☐Cruiser ☐Fishing Boat ☐Skiboat ☐Bass Boat ☐PCW ☐Jetboat

Year: Make: Model: Length:

Hull Material: Hull ID Number:

Date of Last Survey: (if required) Surveyed: ☐Ashore ☐ Afloat

Survey Attached ☐Yes ☐ No

Watercraft Motor: ☐INBOARD/OUTBOARD ☐INBOARD ☐OUTBOARD ☐JET **Max Speed**:_____

Year: Make: HP Serial #

Tender: (describe)

Year: Make: HP Serial #

Additional Motor: (describe)

Year: Make: HP Serial #

Trailer: Year: Make: VIN#:

Coverage	Deductible	Insured Value	Premium
A. Hull & Equipment	$	$	$
B. Machinery Below Waterline/Outboard Motor	$	$	$
C. Boat Trailer	$	$	$
D. Dinghy	$	$	$
Additional Motor	$	$	$
E. Protection & Indemnity	$NA	$	$
F Family Protection Clause	$NA	$10,000 limit /occurrence	$Included
G. Medical Payments	$NA	$ 5,000 limit /occurrence	$Included
H. Personal Effects	$	$	$
G. Endorsements	$	As stated in policy	$
		Subtotal	$
		Provincial Tax	$
		Total	$

The above information in this application is true and the owner hereby applies for a contract of insurance to be based on the truth of the said statements. Where, (i) an applicant for a contract gives false particulars of the described craft to be insured to the prejudice of the insurer, or knowingly misrepresents or fails to disclose in an application any fact required to be stated therein; or (ii) the insured contravenes a term of the contract or commits a fraud; or (iii) the insured will fully makes a false statement. In respect of a claim under the contract, a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited. The completion of this application does not bind the applicant or the company to effect insurance on the risk: but it is agreed that this form shall be the basis of the contract should a policy be issued. Unless otherwise stated, the applicant is both the registered and actual owner of the described yacht

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Insured's Signature Authorized Representative.