

WATERCRAFT QUESTIONNAIRE

CURRENT PHOTOGRAPH (NOT MORE THAN 6 MONTHS OLD) FOR ALL WATERCRAFT VALUED \$5,000 AND MORE IS REQUIRED WITH THE QUESTIONNAIRE

APPLICANT(S) INFORMATION			
Name of Applicant(s):			
Risk Location Address:			
Phone:			
Broker:			
Policy Number:			
OPERATOR'S INFORMATION			
<i>Canadian legislation states that an operator of any watercraft fitted with a motor and being used for recreational purposes must obtain a Pleasure Craft Operator Card.</i>			
	Primary	All Other Operator(s)	
Operators have a valid Pleasure Craft Operator Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operators have completed a Power Squadron Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operators have completed other safety course(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:			
Operators have traffic violations on their automobile license in the past 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:			
All operators members of the same family: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Operator Name	Birthdate (mm/dd/yyyy)	Number of Years Experience	
BOAT, MOTOR, AND TRAILER DETAILS			
BOAT			
Year Built:	Length (ft):		
Maximum Speed: <input type="checkbox"/> MPH <input type="checkbox"/> KPH	Make:		
Model:	Serial #:		
Purchase Price:	Includes tax: <input type="checkbox"/> Yes <input type="checkbox"/> No		
BOAT TYPE: <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Sail craft <input type="checkbox"/> Other, describe:			
HULL TYPE: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other, describe:			
Watercraft has been modified: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
MOTOR			
Year Built:	Horsepower (HP/Kw):		
Make:	Serial #:		
Purchase Price:	Includes tax: <input type="checkbox"/> Yes <input type="checkbox"/> No		
TRAILER			
Year Built:	Serial #:		
Purchase Price:	Includes tax: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF PERSON PROVIDING INFORMATION:		DATE INFORMATION PROVIDED:	
BROKER SIGNATURE:		DATE SIGNED:	