

PWC PAC APPLICATION FORM

<input type="checkbox"/> QUOTE ONLY		<input type="checkbox"/> PLEASE BIND		REQUESTED EFFECTIVE DATE:
INSURED:	REG'D OWNER:	PHONE: (BUS):	(RES):	
ADDRESS:	CITY:	PROV:	P.C:	
DATE OF BIRTH:	BOATING EXPERIENCE:	BOATING EDUCATION COURSES:		
PREVIOUS INSURER (THIS OR PRIOR BOATS):		POLICY NO.:	EXPIRY DATE:	
BOATING LOSSES IN PAST 3 YEARS (CLAIMED OR OTHERWISE – GIVE DATE AND DESCRIPTION):				
DRIVING RECORD LAST 3 YEARS:			LICENSE #:	
HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON:				
PLEASURE USE ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COVERAGES – HULL & MACHINERY MAKE:		MODEL:	YEAR:	
SERIAL#:		REGISTRATION #:		
MODIFICATIONS: <input type="checkbox"/> Y <input type="checkbox"/> N		MAX.SPEED/HORSEPOWER:		
DATE PURCHASED:	PURCHASE PRICE:	CURRENT MARKET VALUE:	PREMIUM: \$	
	\$	\$		
TRAILER: MAKE:	SERIAL #:	YEAR:	VALUE: \$	PREMIUM: \$
LOSS PAYABLE (if applicable): _____			DISCOUNTS (MAX.\$50)	\$ (____)
_____			LIABILITY (\$250,000)	\$ INCL.
			LIABILITY (\$500,000) (\$75)	+ \$ _____
			LIABILITY (\$1 MILLION) (\$125)	+ \$ _____
			POLICY FEE	+ \$ 35.00
			TOTAL PREMIUM	\$ _____

NOTICE TO THE APPLICANT

Keeping this coverage affordable requires making some sensible policy limitations.

This policy excludes the following:

- **Theft unless it occurred following illegal and forcible entry or exit to a locked building in which the insured property is located. There must be visible marks at the point of forced entry or exit.**
This theft coverage restriction does not apply where the personal watercraft is: onboard or tied to your yacht, on top of a dock whilst locked and chained to that dock, or on a boat lift system attached to a dock or land.
- **The premium is 50% earned and retained in the event of a cancellation.**

PLEASE READ BEFORE SIGNING APPLICATION:

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluation claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

DATE:	SIGNATURE OF APPLICANT:
BROKERAGE FIRM:	RETURN FAX NO.:
SIGNATURE OF BROKER:	BROKER EMAIL:

Premier Marine Insurance Managers Group (WEST) Inc. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER. THE COMPANY IN ITS SOLE JUDGEMENT MAY ELECT TO ACCEPT OR REJECT ANY APPLICATION.

** Email application and attachments to - newbizmarine@premiergroup.ca **

Western Region - T 604.669.5211 F 604.669.2667 Ontario & Atlantic Canada - T 519.850.1610 F 519.850.1614