

## WATERCRAFT UNDERWRITING QUESTIONNAIRE

In order to ensure you are properly protected in the event of a loss to your watercraft, please complete the enclosed form to the best of your ability.

In some cases, underwriters may require a photograph of the vessel or a recent marine survey in order to provide terms for insurance.

If you have any unique characteristics of your vessel, please indicate them on the form or attach a separate sheet.

Most policies also include a Navigation Warranty stating that you will not operate your vessel outside of your chosen Trading Limits. Please be aware of, and declare appropriately, the Operating Area or you may find yourself in breach of the Navigation Warranty condition, which may void your policy. If you require any assistance determining the appropriate Trading Limit, please contact our office.

Should you have any questions, or require assistance in completing this form, please contact our office.

Lower Mainland:

**Wilson M. Beck Insurance Services Inc.**  
#303 – 8678 Greenall Avenue  
Burnaby, BC V5J 3M6  
Phone: (604) 437-6200  
Fax: (604) 437-5347

Southern Interior:

**Wilson M. Beck Insurance Services Inc.**  
#105 – 1950 Harvey Avenue  
Kelowna, BC V1Y 8J8  
Phone: (250) 763-3840  
Fax: (250) 762-9633



[www.wmbeck.com](http://www.wmbeck.com)

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### APPLICANT INFORMATION:

Name of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Current policy number and expiry date: \_\_\_\_\_

Quote only  New Policy  Vessel Substitution

NAME(S) OF OPERATOR(S)	DRIVERS LICENCE	DATE OF BIRTH	YEARS AS OWNER	YEARS AS CREW OR OPERATOR	SIZE & TYPE OF VESSEL OPERATED	BOATING EDUCATION <small>(Power Squadron, CYA, Coast Guard Auxiliary; if other, please give details)</small>

What is the number of years claims free for you or any operator listed? \_\_\_\_\_

Have you or any operators sustained any losses in the last five years: Yes  No

If yes, please describe the type of loss, approximate date and amount of claim:

Date of Loss \_\_\_\_\_ Type of Loss \_\_\_\_\_ Amount Paid \_\_\_\_\_

### VESSEL USE INFORMATION:

Vessel used for Private Pleasure Use only? Yes  No

Vessel used for waterskiing/tubing? Yes  No

Is vessel raced? Yes  No

Is vessel used for Live Aboard? Yes  No

Is vessel used for occasional charter or commercial use? Yes  No

If yes, provide details of charter/commercial operation and provide name and experience of skipper(s) if other than owner(s) or regular operator(s) \_\_\_\_\_

### VESSEL INFORMATION:

Manufacturer: \_\_\_\_\_

Make: \_\_\_\_\_

Name of Vessel: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Year Built: \_\_\_\_\_ Length: \_\_\_\_\_

Width: \_\_\_\_\_ Hull ID: \_\_\_\_\_

Year of purchase: \_\_\_\_\_ Price: \_\_\_\_\_

Purchased from: \_\_\_\_\_

**CURRENT MARKET VALUE:** \_\_\_\_\_

**CURRENT REPLACEMENT VALUE:** \_\_\_\_\_

**Maximum Speed:** \_\_\_\_\_

Hull construction: Fibreglass  Wood  Fibreglass over wood  Ferro-cement  Other  \_\_\_\_\_

Design type: In/out cruiser  Inboard Cruiser  Houseboat  Sailboat  Catamaran/Trimaran

**MOTORS:** Main Engine(s) or Motor(s)  
Number: \_\_\_\_\_ HP \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Year: \_\_\_\_\_  Gas  Diesel

Auxiliary Engine(s) or Motor(s)  
Number: \_\_\_\_\_ HP \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Year: \_\_\_\_\_  Gas  Diesel

**Value to be included in Vessel Market Value**

**Current Market Value:** \_\_\_\_\_

### EQUIPMENT: **Include value of equipment in Vessel Market Value**

Fire Extinguisher Quantity: \_\_\_\_\_

Fire Extinguisher Type(s): \_\_\_\_\_

Built-in Fire Extinguisher System? Yes  No

Compass  Depth Finder/Sounder

Radio/Satellite Phone  Radio Direction Finder

CB Radio  Loran  Radar

GPS  VHF

Engine Oil Pressure/Temperature Alarm

Bilge Sensor/Alarm  Fume Detector/Alarm

**VESSEL INFORMATION continued:**

**EQUIPMENT:** Heater  Fuel: \_\_\_\_\_ Generator  Fuel: \_\_\_\_\_  
 Refrigerator  Fuel: \_\_\_\_\_ Galley Stove  Fuel: \_\_\_\_\_

**DINGY/TENDER:** Yes  No

If yes, dingy/tender manufacturer and description: \_\_\_\_\_

Year of manufacture: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

Is dinghy/tender occasionally used as a separate pleasure craft? Yes  No

Is dinghy/tender occasionally used for waterskiing? Yes  No

**TRAILER:** Yes  No

If yes, trailer manufacturer: \_\_\_\_\_ Trailer serial number: \_\_\_\_\_

Year of manufacture: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

**BOATHOUSE:** Yes  No  Owned  OR Leased

If yes, year of construction: \_\_\_\_\_ Size (length x width): \_\_\_\_\_

Construction type: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

Where is vessel moored (name of Marina)? \_\_\_\_\_

Where is vessel stored (if different)? \_\_\_\_\_

**Operating area?** \_\_\_\_\_

**COVERAGE REQUIRED:**

COVERAGES	AMOUNT OF INSURANCE REQUIRED (Enter the Market Value Amounts)	DEDUCTIBLE	PREMIUM
Hull and Machinery			
Auxilliary Outboard Motor(s)			
Tender/Dingy			
Owned Boathouse			
<b>Total Amount of Insurance:</b>			
Protection and Indemnity	\$1,000,000 <input type="checkbox"/> OR \$2,000,000 <input type="checkbox"/>		
Medical Payments*			
Primary Personal Effects			
Excess Personal Effects			
Owned Boat Trailer			
<b>TOTAL ANNUAL PREMIUM:</b>			

\*Included only if Protection and Indemnity coverage purchased

**I understand the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.**

**Coverage Required Effective:** \_\_\_\_\_

**Name and Address of Mortgagee or Unpaid Vendor:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_