



# Commercial Hull Package Vessel Application

## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all Applicants)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

All monetary values in this questionnaire are:  CAD  USD

Additional related experience a/o certification: \_\_\_\_\_

Type of Operations:       Sightseeing                       Dive                       Sport Fishing

Whale Watching                       Water Skiing                       Water Sports

Instruction                       Workboat/Crew Boat                       Water Taxi

Other(describe) \_\_\_\_\_

Annual Gross Receipts: \$ \_\_\_\_\_ Operating Season: \_\_\_\_\_

If Charter, typical duration of charter (i.e. day only or overnights): \_\_\_\_\_

Any waterskiing or water toys (describe toys): \_\_\_\_\_  Yes  No

\_\_\_\_\_

Are food and beverages provided: \_\_\_\_\_  Yes  No

Any alcohol served on board: \_\_\_\_\_  Yes  No

Is food and beverage provided by a third party (i.e. caterer): \_\_\_\_\_  Yes  No

Is this third party required to provide proof of liability insurance? \_\_\_\_\_  Yes  No

Number of crew on board any one charter?: \_\_\_\_\_ Are crew covered by Worker's Compensation: \_\_\_\_\_  Yes  No

Maximum number of passengers: \_\_\_\_\_ Are Passengers covered by Worker's Compensation \_\_\_\_\_  Yes  No

Describe passenger orientation and safety procedures given to passengers prior to boarding:

\_\_\_\_\_

Are passengers required to wear life jackets at all times once onboard: \_\_\_\_\_  Yes  No

Where is the vessel moored: \_\_\_\_\_

What waters does the vessel operate in: \_\_\_\_\_

If laid up please describe lay up method (ashore, afloat etc...) and security details in full:

\_\_\_\_\_

List All Skippers' and submit a separate skipper questionnaire for each (see Supplement questionnaire attached)

\_\_\_\_\_

Previous insurance company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Renewal Premium: \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Ever been cancelled by an Insurance Company:

Yes  No

If yes please advise why: \_\_\_\_\_

**II. WATERCRAFT SCHEDULE**

Details of Vessel: # \_\_\_\_\_

Vessel Type:  In/Outboard  Outboard  Inboard  Jet Drive  Max Speed: \_\_\_\_\_

Hull Type:  Fiberglass  Wood  Plywood  F/G Over Wood  Steel  Aluminum Other \_\_\_\_\_

	Year	Make	Model	Length/HP	Serial Number
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Hull \_\_\_\_\_

Engine (Main) \_\_\_\_\_

Engine (Aux.) \_\_\_\_\_

Trailer \_\_\_\_\_

Current Values: Hull: \$ \_\_\_\_\_ Main Motor: \$ \_\_\_\_\_

Aux. Motor: \_\_\_\_\_ Trailer: \_\_\_\_\_

Details of Vessel: # \_\_\_\_\_

Vessel Type:  In/Outboard  Outboard  Inboard  Jet Drive  Max Speed: \_\_\_\_\_

Hull Type:  Fiberglass  Wood  Plywood  F/G Over Wood  Steel  Aluminum Other \_\_\_\_\_

	Year	Make	Model	Length/HP	Serial Number
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Hull \_\_\_\_\_

Engine (Main) \_\_\_\_\_

Engine (Aux.) \_\_\_\_\_

Trailer \_\_\_\_\_

Current Values: Hull: \$ \_\_\_\_\_ Main Motor: \$ \_\_\_\_\_

Aux. Motor: \_\_\_\_\_ Trailer: \_\_\_\_\_

Insurance Coverage's Required	Total Values	Rate	Premium
Hull & Machinery (total of all vessels)	\$ _____	_____	_____
Protection & Indemnity: for each vessel	\$ _____	_____	_____
Total # of Watercraft to be insured?	# _____	_____	_____

**III. OWNER'S / SKIPPER'S QUESTIONNAIRE**

To be completed by the skipper as a supplement to the application:

- Name of Owner/Skipper: \_\_\_\_\_
- Address: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- How Long Have You Been Operating? \_\_\_\_\_
- Certificates/Qualifications Held: \_\_\_\_\_
- Details of Previous Vessels Owned/Skippered/Crewed On In The Last 5 Years: *(Use separate sheet if required)*

Vessel	Home Port	Size of Vessel	Position Held	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Claims/Loss Record: Has the Owner/Skipper had any Claims or Losses During the Last 5 Years on all Vessels Operated, Whether Insured or Not  Yes  No

*If Yes, Please Complete The Following: (Write On Back If Necessary)*

Year	Details of Loss	Amount Involved	Insurer	Amount of Claim
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Have You at Any Time Been Involved in Any Major Damages/Total Losses on Any Vessel Whether Insured or Not: If so, Give Brief Details Including Date, Costs, And Name(S) of Vessel(S) Involved.

\_\_\_\_\_

- I Hereby Declare That the Particulars and Answers Given in this Questionnaire are in Every Respect True and Correct and that I Have Not Withheld Any Information Which Could Influence the Decision of The Company in Regard to It's Acceptance.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

## APPLICANT

By: \_\_\_\_\_  
Signature and Title\* Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.