



**CANADIAN BASS ANGLERS
FEDERATION
PLEASURE CRAFT
INSURANCE APPLICATION**



MAIL APPLICATION TO: THE MITCHELL & ABBOTT GROUP - 393 RYMAL ROAD WEST, SUITE 305, HAMILTON, ON L8V 5C4

GENERAL INFORMATION

THIS IS AN APPLICATION FOR INSURANCE ON A BOAT USED SOLELY FOR PRIVATE PLEASURE PURPOSES.

Check all that apply:

- I am the registered owner of this vessel
- I am not the registered owner of this vessel
- Vessel is registered under a Commercial Business name
- GST Registered

Named Insured		Telephone Number ()	Fax Number ()
Mailing Address		E-Mail	
City	Province	Postal Code	
Effective Date (yy-mm-dd):		Prior Carrier & Policy Number:	

Previously Cancelled, Declined Or Non-Renewed? Yes No

Areas of Navigation

Loss Payable

OPERATOR(S) EXPERIENCE HISTORY

Name <small>(Attach Separate List For Additional Operators)</small>	Years Owned <small>(Current Vessel)</small>	Years Operated <small>(Previous Vessel(s))</small>	Vessel Type(S) <small>(Previous Experience)</small>	Boating Course(S) / Operator Card # <small>(Attach Copies Of Certificates / Memberships)</small>

Loss Details in the past 5-years

VESSEL DESCRIPTION

CONSTRUCTION	VESSEL	MAIN ENGINE (Outboard)	SAFETY
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Fiberglass with Metallic Flake Finish <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood or Fiberglass over Wood <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Year _____ <input type="checkbox"/> Manufacturer _____ <input type="checkbox"/> Model _____ <input type="checkbox"/> Length Overall _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Serial # _____ <input type="checkbox"/> Max Speed(MPH) _____	<input type="checkbox"/> Year & Manufacturer _____ <input type="checkbox"/> Total Horsepower _____ <input type="checkbox"/> Engine(s) Serial # _____	<input type="checkbox"/> Alarm <input type="checkbox"/> Prop Lock <input type="checkbox"/> Trailer Lock <input type="checkbox"/> Drive Lock <input type="checkbox"/> Theft Recovery System

TRAILER Year _____ Manufacturer _____ Serial # _____	HULL & MACHINERY \$ _____	TOTAL SUM INSURED \$ _____	\$ _____
	ELECTRONIC EQUIPMENT \$ _____	TRAILER \$ _____	+ _____
	ACCESSORIES (TOTAL) \$ _____	PERSONAL EFFECTS (Rods & Reels, tackle etc, Excess of \$10,000.) PROTECTION & INDEMNITY \$ _____	+ _____
		TOTAL PREMIUM:	= _____
			\$ _____

The undersigned represents and warrants to Royal & SunAlliance, either as the registered owner, or as the person duly authorized by the registered owner to complete and sign this application on its behalf, that the statements set forth in this Application are true and correct and acknowledge that Royal & SunAlliance is relying solely upon such representation and warranty as the basis for any insurance that may be granted to the applicant.

The undersigned agrees that:

- (1) The signing of this application does not bind them, the registered owner or Royal & SunAlliance to effect insurance.
- (2) If there is any change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent in writing to Royal & SunAlliance, and any outstanding Quotation may be modified or withdrawn; and
- (3) Royal & SunAlliance is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Any person, who knowingly or with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading the insurer, information concerning any fact material thereto, commits a fraud.

CHEQUE <input type="checkbox"/> VISA ONLY <input type="checkbox"/>	PAYMENT ENCLOSED? <input type="checkbox"/> YES	TOTAL PREMIUM \$ _____
_____ CREDIT CARD NUMBER	_____ CARD EXPIRY DATE	
_____ CARDHOLDER SIGNATURE	_____ CARD HOLDER NAME	
Name (please print) _____		

Insured Signature: _____

Date: _____

PLAN ADMINISTRATOR: TAYLOR ABBOTT

The Mitchell & Abbott Group Insurance Brokers Limited
393 Rymal Road West, Suite #305, Hamilton, Ontario L8V 5C4

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