



# JOHNSTON MEIER INSURANCE AGENCIES GROUP

2748 LOUGHEED HIGHWAY, UNIT #305, PORT COQUITLAM, BC, V3B 6P2  
TEL: 604-944-9577 FAX: 604-944-1951 TOLL FREE: 1-800-513-5533  
EMAIL: marine@jmins.com

POLICY #:

- New Risk
- Substitution of Vessel

TEL : \_\_\_\_\_

CELL: \_\_\_\_\_

FAX : \_\_\_\_\_

EMAIL : \_\_\_\_\_

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

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

**THE FOLLOWING INFORMATION TO BE COMPETED IN FULL:**

Name of Boat: \_\_\_\_\_ Serial #: \_\_\_\_\_ License #: \_\_\_\_\_

Year Built: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Manufacturer/Builder: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchased From: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Hull Construction:  Fibreglass  Wood  Aluminum/Steel  Fibreglass Over Wood  Ferro-Cement

Design Type:  In/Out Cruiser  Inb. Diesel Cruise  Inb. Gas Cruise  Houseboat / Cruise-A-Home  Sail or Aux. Sailboat

Other: \_\_\_\_\_

**MOTORS:**

**(A) MAIN ENGINES**

Year Built: \_\_\_\_\_ Mfg By: \_\_\_\_\_

H.P. \_\_\_\_\_  Gas  Diesel

Serial #: \_\_\_\_\_

**(B) AUXILIARY OUTBOARD MOTORS(S)**

Year Built: \_\_\_\_\_ Mfg By: \_\_\_\_\_

H.P. \_\_\_\_\_  Gas  Diesel

Serial #: \_\_\_\_\_

Maximum Speed of Vessel: \_\_\_\_\_  Miles/hour  Kilometers/hour

Equipment: Fire Extinguishers: Number: \_\_\_\_\_ Types: \_\_\_\_\_ Built-in Fire Extinguishing System  Yes  No

Compass  Depth Finder / Sounder  VHF  Ship to Shore / Radio Telephone  Radio Direction Finder

Citizens Band Radio  Radar  Engine Oil Pressure and Temperature Alarm System  Bilge Sensor / Alarm System

Fume Detector / Alarm System  Other: \_\_\_\_\_

Heater Fuel: \_\_\_\_\_  Refrigerator Fuel: \_\_\_\_\_

Galley Stove Fuel: \_\_\_\_\_  Aux. Generator Fuel: \_\_\_\_\_

Dinghy/Tender: (A) Year: \_\_\_\_\_ (B) Mfg. By: \_\_\_\_\_ (C) Length: \_\_\_\_\_ (D) Serial #: \_\_\_\_\_

(E) Is it occasionally used as a separate pleasure craft?  Yes  No (F) Is it occasionally used for waterskiing?  Yes  No

Trailer: (A) Year: \_\_\_\_\_ (B) Mfg. By: \_\_\_\_\_ (C) Serial #: \_\_\_\_\_

Owned Boathouse: (A) Year: \_\_\_\_\_ (B) Length: \_\_\_\_\_ x Width: \_\_\_\_\_ (C) Construction Type: \_\_\_\_\_

Where is vessel moored? \_\_\_\_\_ MARINA NAME LOCATION Where is vessel stored? \_\_\_\_\_ IF DIFFERENT FROM PLACE OR MOORAGE

Anti-Theft: \_\_\_\_\_

Operating Area: \_\_\_\_\_

Use of Vessel: (A) Private pleasure use only?  Yes  No (B) Use for waterskiing?  Yes  No

(C) Is yacht raced?  Yes  No (D) Live aboard?  Yes  No (E) Is vessel chartered or rented?  Yes  No

*(If yes, attach details of charter / commercial operation and provide name and experience of skipper(s) of other than owner(s) or regular operator(s).)*

NAME OF OPERATORS	BIRTH DATE	YRS. AS BOAT OWNER	YRS. AS OPERATOR/CREW	SIZE & TYPE OF VESSELS OPERATED	BOATING EDUCATION	<small>(Power Squadron Cert., Coast Guard Auxiliary, if other, please detail)</small>

Have you or any operator listed above had any losses during the past 5 years?  Yes  No

DATE OF LOSS	CAUSE	AMOUNT

Has insurance ever been declined?  Yes  No *(If yes, please attach details)*

**AMOUNTS OF INSURANCE ARE NOT TO EXCEED CURRENT MARKET VALUES**

COVERAGES	AMOUNT OF INSURANCE REQUIRED	DEDUCTIBLE	PREMIUM
Hull and Machinery	\$ _____	\$ _____ O/B Leg	\$ _____
Main Outboard Engine	\$ _____	\$ _____	\$ _____
Aux. Outboard Motor (s)	\$ _____	\$ _____	\$ _____
Tenders(s) / Dinghy(s)	\$ _____	\$ _____	\$ _____
Owned Boathouse	\$ _____	\$ _____	\$ _____
Towing	\$ _____	\$ _____	\$ _____
Protection & Indemnity	\$ _____	\$ _____	\$ _____
Water Sports Liability	\$ _____	\$ _____	\$ _____
Primary Personal Effects	\$ _____	\$ _____	\$ _____
Excess Personal Effects	\$ _____	\$ _____	\$ _____
Owned Boat Trailer	\$ _____	\$ _____	\$ _____

**TOTAL PREMIUM \$ \_\_\_\_\_**

INSURANCE REQUIRED FROM: \_\_\_\_\_ to \_\_\_\_\_

Loss Payee Name: \_\_\_\_\_ Previous Insurer(s): \_\_\_\_\_

Loss Payee Address: \_\_\_\_\_

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 this risk.

Agent / Broker: \_\_\_\_\_ Signature of Owner(s): \_\_\_\_\_

\_\_\_\_\_

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