

TOW SMART Pleasurecraft Application

A group program for members of Water Ski and Wakeboard Canada (WSWC)

Name _____ D.O.B. _____ Occupation _____

Address _____ Postal Code _____

Phone _____ Fax _____ Provincial Membership # _____

Years as Owner _____ Years as Operator _____

Other Regular Operators: _____ Age _____ Experience _____

List all accidents or claims in the past five years: Date/Amount/Description _____

Policy ever cancelled/declined YES NO Give reason _____

LOSS PAYABLE (Loan) _____

DETAILS OF VESSEL:

Vessel Type In/Outboard Outboard Inboard Jet Drive Other _____
Hull Type Fibreglass Wood Plywood F/G Over Wood Steel Aluminum Other _____

	Year	Make	Model	Length / HP	Serial Number
Hull	_____	_____	_____	_____	_____
Engine (Main)	_____	_____	_____	_____	_____
Engine (Aux.)	_____	_____	_____	_____	_____
Boat House	_____	_____	_____	_____	_____
Trailer	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Max. Speed _____ Pleasure use only YES NO Built in Halon/CO2 YES NO
 Is boat used in competitions YES NO How often _____ times in a season Do you receive payment YES NO
 Is boat used in a ski school or by a coach YES NO Do you receive payment YES NO
 Are you covered by WSWC group liability policy for coaches, clubs & schools YES NO Policy # _____
 Other Commercial use YES NO (describe) _____
 Where principally used (be specific) _____ Moored YES NO Location _____
 Where laid up (land storage) _____ Security (describe) _____

	<u>AGREED VALUE</u> <u>(MARKET VALUE)</u>	<u>DEDUCTIBLE</u>	<u>FOR COMPANY</u> <u>USE ONLY</u>
HULL & MACHINERY	\$ _____	\$500	_____
ENGINE (FOR OUTBOARDS)	\$ _____	\$500	_____
AUX. OUTBOARD ENGINE	\$ _____	\$250	_____
BOATHOUSE	\$ _____	\$250	_____
TRAILER	\$ _____	\$250	_____
PERSONAL EFFECTS (ACV)	\$ 2,000	\$250	_____
PROTECTION & INDEMNITY	\$2,000,000	N/A	_____

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted.
 Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

 Signature (of application)

Date: _____

Agent: _____

UNDERWRITING MANAGERS:

Beacon Underwriting Ltd., Box 370, 150 Hudson Street, Salmon Arm, BC V1E 4N5
 Phone 1-888-645-8811 Fax: (250) 832-3222