

## WATER TAXI APPLICATION

1. Applicants Name and Mailing Address:
2. Number of years operating water taxi:
3. Describe previous experience with similar operation or any other additional related experience:
4. Loss history for this business (5 years):
5. Describe area of operation including waters the vessel is operated in:
6. a. Is the water taxi service a set route between two points? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span> b. If yes advise two points:  c. If no describe typical routes:
7. Where is the vessel moored:
8. a. Is vessel laid up over winter: <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span> b. If yes describe storage arrangements
9. Annual Gross Receipts:
10. Average number of trips per week:
11. Indicate typical length of trip (kms):
12. Number of passengers on board any one voyage:
13. Describe safety equipment on board:
14. Are all passengers required to wear life jackets whilst on board:
15. Describe any services offered on board:
16. a. Is cargo or freight carried on board: b. Average value per voyage: <span style="float: right;">c. Maximum value at any one time:</span>
17. Number of crew on board any one voyage:
18. Are the vessel's crew covered by Workers' Compensation? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span>
19. All vessel operators' names, date of birth, experience, and claims history (past 5 years): a.  b.
20. Describe permit or license obtained for each vessel in order to conduct this business:

21. a. Prior insurance company and policy number:  
 b. Expiry date:  
 c. Ever been cancelled by an Insurance Company: Yes  No   
 d. If YES please advise why:

Vessel Name	Type/Class of Vessel	Year Built & Length	Hull Material	Hull Serial #	Insured value requested
Engine Manufacturer	Engine Type (ie in/outboard..)	Year Built & H.P. per engine	Engine(s) Serial # (s)	Maximum Speed	Insured value requested
Date Vessel Purchased	Purchase Price	Date of last survey	Trailer (make, year)	Serial #	Insured value requested
Maximum # of passengers	Number of life jackets	Other safety Equipment			
Insurance coverages requested		Insured value OR Limit of Liability	Deductible	Rate	Annual Premium
1. Hull and Machinery					
2. Dinghy and dinghy motor					
3. Trailer					
4. Protection & Indemnity					
5. Other (describe in detail)					

Agent's Name and Address: \_\_\_\_\_

Agent / broker's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.