



**OCEANIC UNDERWRITERS LTD.  
BOATHOUSE APPLICATION**

**Phone (604) 689 1501  
Fax (604) 689 5663**

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

Name of Marina: \_\_\_\_\_  
(If private moorage, a recent survey must accompany this form)

Boathouse Construction Material: \_\_\_\_\_

Pitched Roof Yes No

Adjoining to other structures Yes No

Age of Boathouse: \_\_\_\_\_ Date of Last Survey: \_\_\_\_\_

Current Market Value: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_

Any living quarters built in? Yes No If yes, please describe: \_\_\_\_\_

Equipped with any utilities? Yes No If yes, please describe: \_\_\_\_\_

Were Utilities Professionally Installed? Yes No

Any fuel and/or flammables stored in the boathouse? Yes No If yes, please provide types and quantities: \_\_\_\_\_

Any contents and/or tools stored in the boathouse? Yes No  
If yes, please describe (include the values of each item): \_\_\_\_\_

Type of lock on the boathouse: \_\_\_\_\_

**INSURANCE REQUIRED** from: \_\_\_\_\_ to: \_\_\_\_\_

**LOSS PAYEE:** \_\_\_\_\_

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

**PREVIOUS INSURERS:** \_\_\_\_\_

Have you ever had your insurance cancelled by insurers? \_\_\_\_\_

If so, please provide details: \_\_\_\_\_

The above information is warranted by the applicant to be true and complete in all respects as a basis on which insurance may be granted, but in no manner requires the applicant to accept any quotation nor binds any insurers to the risk.

**AGENT/BROKER** \_\_\_\_\_

**SIGNATURE OF OWNERS** \_\_\_\_\_

**DATE** \_\_\_\_\_