

Underwriting Contract Administrators Inc.

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Incidental Marine Protection & Indemnity Application

Name of Applicant: _____

Full Mailing Address: _____

Primary Business of Insured: _____

Name of Agent/Broker: _____

Policy Period From: _____ To: _____

List All Owned Watercraft:

Age	Type	Size	HP	Material
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does Insured loan watercraft to Patrons or charge a Rental Fee? Yes No

Will Insured use Rental Agreement (If Yes – please attach copy)? Yes No

What waterways will be navigated? _____

What precautions does insured take to ensure those operating watercraft have reasonable abilities to operate safely? If necessary, please attach list of details.

Does Watercraft contain Life Jackets for each available seat? Yes No

Signature of Agent/Broker: _____