



Vessel Insurance Program Application for Boat Insurance

Navy League Branch:	
Branch President's Name:	
Branch President's Mailing Address and Contact Number	

VESSEL: This policy provides Hull Insurance on the basis of "ACTUAL CASH VALUE"

DESCRIPTION

Manufacturer and Model of Vessel:					
Year Built	Name of Vessel	Serial Number	License/Registration Number	Purchase Date	Length

Vessel Type:	Method Propulsion:		
<input type="checkbox"/> Sail <input type="checkbox"/> Motor <input type="checkbox"/> Multi – Hull <input type="checkbox"/> Other	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Jet	<input type="checkbox"/> Fishing Utility <input type="checkbox"/> Bass Boat <input type="checkbox"/> Fishing Runabout <input type="checkbox"/> Other <input type="checkbox"/> Runabout Utility	<input type="checkbox"/> Bowrider <input type="checkbox"/> Closed Deck <input type="checkbox"/> Midcabin Cruiser <input type="checkbox"/> Motor Yacht

Hull Material:	Metalic Flake Finish:
<input type="checkbox"/> Fibreglass <input type="checkbox"/> Wood	<input type="checkbox"/> Aluminium <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No

Manufacturer and Model of Motor:		
Year	Serial Number	Horse Power

Actual Cash Value:	
---------------------------	--

Signature of Applicant:	
Date:	

Please forward completed form, along with a photo of the vessel to
 The Navy League of Canada
 National Office
national@navyleague.ca Attention: Corporate Services