



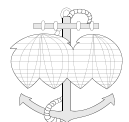
SAIL CANADA SAILING SCHOOL LIABILITY PROGRAM – REQUEST FOR QUOTATION

Please send application to: Arthur J. Gallagher Canada Limited,
120 South Town Centre Blvd., Markham, ON, L6G 1C3
Attention: Joe Marra - Ph: 905-948-2680 Fax: 905-479-9164
Email: joe_marra@ajg.com

Name of club or sailing school:			
Address:			
Postal Code:		E-mail:	
Phone:		Fax	
Contact Person:		Title:	

GENERAL INFORMATION

1.	Location of sailing school:	
2.	How many students go through your program in a year:	
3.	What were your total annual receipts last year for your sailing school program:	
4.	Student to instructor ratio:	
5.	Length of program: <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> other	
6.	Do you use your own boats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you require coverage for your boats?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete boat detail on next page
8.	Are all instructors certified and registered with Sail Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No





9.	What is the training of each instructor?	
10.	How many years of experience does each instructor have teaching?	
11.	Is your sailing school registered with Sail Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	How long has the school been in operation?	
13.	Have you had a claim in the last 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details

HULL DETAILS

DETAILS	Year Built		Manufacturer	
	Model		Length	
	Hull Material			
	Hull #		License #	
	Date of last survey		<input type="checkbox"/> Ashore or	<input type="checkbox"/> Afloat (check one)
	List all propane, butane or natural gas appliances		Pilot Light?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does vessel comply with Small Vessel Regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

COVERAGES	COVERAGE		DEDUCTIBLE		INSURED VALUE	
		\$		\$		
A. Hull & Equipment		\$		\$		
B. Boat Trailer		\$		\$		
C. Dinghy		\$		\$		
Dinghy Motor		\$		\$		
D. Protection & Indemnity		\$		\$		
E. Accidental Death		\$		\$	25,000 limit per occurrence	





F. Medical Payment	\$	\$	200,000 limit per occurrence
G. Personal Effects	\$	\$	1,000 limit per occurrence

The above information in this application is true and the owner hereby applies for a contract of insurance to be based on the truth of the said statements.
 Where, (i) an applicant for a contract gives false particulars of the described craft to be insured to the prejudice of the insurer, or knowingly misrepresents or fails to disclose in an application any fact required to be stated therein; or (ii) the insured contravenes a term of the contract or commits a fraud; or (iii) the insured willfully makes a false statement. In respect of a claim under the contract, a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited. The completion of this application does not bind the applicant or the company to effect insurance on the risk: but it is agreed that this form shall be the basis of the contract should a policy be issued. Unless otherwise stated, the applicant is both the registered and actual owner of the described yacht.

Signature of Applicant

Date

