

**A. M. FREDERICKS UNDERWRITING MANAGEMENT LTD.**  
 201-339 Westney Rd S, Ajax, Ontario L1S 4S2

**APPLICATION FOR PERSONAL WATERCRAFT RENTAL INSURANCE**

Insured Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. Number: Bus:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

Effective From : \_\_\_\_\_ To: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_

Claims History: \_\_\_\_\_

YEAR	MAKE	MODEL	SERIAL NUMBER	RETAIL PRICE NEW

<b>Lienholder</b>	<b>Limit of Liability</b>	<b>Deductibles:</b>
Name: _____	Physical damage- As above.	18-21 Yrs \$1,000. Over 21 \$500.
Address: _____	Public Liability \$1,000,000.	Property Damage: \$2,500.

- CONDITIONS:** It is a condition of coverage for both property and liability that:
- A. All lessee must sign the attached waiver and the waiver must be retained with the record of rental.
  - B. Only the listed Personal watercraft are insured.
  - C. For claim settlement, payment will be based on the actual cash value, where actual cash value is defined as the unit price at the inception of the policy depreciated at a rate of 10% per month to a maximum of 30% .
  - D. All units when rented must be equipped with an anti-theft device and must be attached to a permanent structure when not in use.

- WARRANTIES:**
- 1. Minimum lessee age is 18 years
  - 2. Lessee must have a valid unrestricted drivers license.
  - 3. Operator must be a minimum 18 years of age and must have a valid unrestricted drivers license.
  - 4. Coverage is limited to Canadian jurisdiction and territorial limits only.
  - 5. All watercraft must be maintained in accordance with the manufacturers manual.
  - 6. Assumption of risk waiver to be signed by each and every lessee.
  - 7. Policy to pay in excess of any other available insurance.
  - 8. Full rights of recourse and subrogation to be retained against watercraft manufacturers.

**COVERAGES:**  
 All coverages are subject to policy conditions and exclusions.

Please verify complete, sign and return along with your cheque.  
 \*\* This insurance will be effective only upon receipt in our office of this duly sign document and your payment for the total premium. N.B Premium is fully retained.  
 I confirm having read both sides of this document and assert that all information is in accordance with my declaration.

SIGNATURE OF INSURED: \_\_\_\_\_ DATE: \_\_\_\_\_

# WAIVER OF LIABILITY AND CONDITIONS APPLYING TO RENTAL OF PERSONAL WATERCRAFT

**LESSOR:**

---

**The watercraft is the property of the lessor and in good condition .**

**The lessee will return the watercraft together with tools, accessories, equipment and documents in the same condition as when received( ordinary wear and tear expected ) to the lessor at the time specified or sooner upon demand by the lessor.**

**The watercraft is used at lessee's own risk and the lessee shall indemnify and hold the lessor harmless from all loss, liability and expense as a result of bodily injury, death, or property damage arising out of the use or operation of the watercraft**

**ALL UNITS WHEN RENTED MUST BE EQUIPPED WITH AN ANTI-THEFT DEVICE AND MUST BE ATTACHED TO A PERMANENT STRUCTURE WHEN NOT IN USE.**

**THE WATERCRAFT SHALL NOT UNDER ANY CIRCUMSTANCES BE USED BY ANY PERSON(S):**

- A. UNDER THE INFLUENCE OF ANY INTOXICANTS, NARCOTICS, OR ANY OTHER SUBSTANCE ABUSE.**
- B. IN ANY RACE OR CONTEST.**
- C. IN ANY WILLING AND WANTON, ABUSIVE, RECKLESS OR UNLAWFUL MANNER.**
- D. WHO IS NOT WEARING A LIFE JACKET.**
- E. WITH MORE THAN THE APPROVED NUMBER OF RIDERS ( ONE PER SEAT).**
- F. WITHOUT A VALID UNRESTRICTED DRIVERS LICENSE.**
- G. WHO IS UNDER THE AGE OF 18 YEARS.**
- H. OUTSIDE OF "CANADIAN INLAND WATERS".**

**SERIAL NUMBER OF WATERCRAFT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME OUT:** \_\_\_\_\_

**DATE OF RETURN:** \_\_\_\_\_ **TIME OF RETURN:** \_\_\_\_\_

**LESSEE NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

---

## Our Privacy Policy and Commitment to Protecting Your Privacy

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

### How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

### What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

### We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

### Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

### If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Management Ltd.  
201-339 Westney Rd. S.  
Ajax, Ontario  
L1S 7J6  
Tel: 905-428-1269 Ext 109  
Fax: 905-428-3977

Our Insurers' privacy contacts are as follows:

Privacy Officer Temple Insurance Company Munich Re Centre 390 Bay Street, 22 <sup>nd</sup> Floor Toronto, Ontario M5H 2Y2 <b>Tel No: 416-366-9206 or 1-800-444-5321</b> <b>Fax No.: 416-361-1163</b>	Director of Compliance Echelon General Insurance Company 1550 Enterprise Road, Suite 310 Mississauga, Ontario L4W 4P4 <b>Tel No: 905-564-9215 Ext. 7912</b> <i>Fax No: 905-565-7992</i>
Corporate Compliance Officer Kingsway General Insurance Company 5310 Explorer Drive, Suite 200 Mississauga, Ontario L4W 5H8	Privacy Officer The Economical Insurance Group 20 York Mills Road, Suite 500 North York, Ontario M2P 2C2

<b>Tel No: 905-629-7888 Ext. 8843</b> <b>Fax No: 905-629-5008</b>	<b>Tel No: 1-800-265-9996 Ext. 8582</b> <b>Fax No: 416-733-2873</b>
Privacy Officer AXA Insurance (Canada) 5700 Yonge Street, Ste 1400 North York, Ontario M2M 4K2 <b>Tel No: 1-800-268-0008</b> <b>Fax No: 416-218-5715</b>	

Applicant acknowledges receipt of and agrees to the Privacy Disclosure and Consent provisions contained in this form.

***I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.***

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date