

# LCM APPLICATION FORM

FOR OFFICE USE ONLY

CONTRACT NBR:

DATE:

SLIP NBR:

Customer Name:

Address:

City:

Prov/State:

Postal/Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Emergency Contact:

Fax:

E-mail Address:

## BOAT INFORMATION

Name of Boat:

Registration Number:

Boat Details

Make:

Model:

Engine Make:

Year:

Weight:

Horse Power:

(HIN) Boat Hull ID Nbr:

Outdrive Make:

(LOA) Length Overall ft:

Beam ft:

Draft ft:

Type of Cradle:

Cradle Measurements:

Trailer Make:

License Plate Nbr:

Trailer VIN:

## SERVICE DETAILS

Use of Craft (Please Circle One)

Full Use Hydro Required (Please Circle One)

Private

Commerical

NO

15 amp

30 amp

Special Requirements:

## INSURANCE INFORMATION

INSURANCE COMPANY:

POLICY NUMBER:

**\*\* PLEASE ATTACH PROOF OF INSURANCE \*\***

## METHOD OF PAYMENT

TYPE OF PAYMENT (Please Circle One)

CASH

CHEQUE  
(enclosed)

DEBIT

MASTERCARD

VISA

Amount \$

CARD NUMBER:

Signature:

EXPIRY DATE:  
(MM/YY)

**UPDATED INSURANCE INFORMATION AND DEPOSITS ARE REQUIRED TO PROCESS THIS APPLICATION**



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