

Personal Watercraft such as Jet Ski and Wave Runner are not Permitted.

POLICY TERM

From	To	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	BINDING COVERAGE: For coverage to begin as requested, the application must be completed, signed and mailed within 72 hours of the effective date, otherwise coverage is bound 12:01 a.m. the day received by the General Agent. Pay special attention to providing accurate model information and obtaining all required signatures or coverage will not be bound.
Prior Insurance Carrier	Expiration Date			

NAMED INSURED
(Registered Boatowner – Must be 18 years old or older)

Name	Marital Status	Phone No. () -
Address	City	State
	Zip	County
Garaging / Storing Location (including zip Code): <input type="checkbox"/> Marina <input type="checkbox"/> Street/Yard <input type="checkbox"/> Garage <input type="checkbox"/> Moored in Water		
<input type="checkbox"/> Check if same as Insured's mailing Address		
Address		
City		
County		
State		
Zip		
Special Waters Navigated (check all that apply):	<input type="checkbox"/> Lakes	<input type="checkbox"/> Rivers & Bays
	<input type="checkbox"/> Reservoirs & Straits	<input type="checkbox"/> Great Salt Lake
	<input type="checkbox"/> Ozarks	<input type="checkbox"/> Coastal Waters
	<input type="checkbox"/> 5 Greats Lakes / Seaways	<input type="checkbox"/> All Others

PRODUCER

Agency Code/Sub producer	Agency Name	Phone No. () -
Address		City
		State
		Zip

WATERCRAFT OPERATORS
(No operator 13 years old or younger. Licensed operators must provide valid driver's license.)

#	Name	Date of Birth	Social Security #	Driver's License #	Issuing State	# Years of Watercraft Ownership	Relationship To Insured	Owner	Owner/Operator	Operator
1	Named Insured	/ /						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		/ /						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		/ /						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		/ /						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIOLATIONS / ACCIDENTS IN PAST 36 MONTHS (ALL VEHICLES) **LOSSES**

Operator #	Date	Explain Violation/Accident	Operator #	Date	Explain Watercraft Losses
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

LIENHOLDER

Name	Loan #
Address	City
	State
	Zip

DESCRIPTION OF WATERCRAFT – Maximum Length 32 ft.

Year	Make	Model	Length	HIN #	Hull Material	Weight
					<input type="checkbox"/> Aluminum <input type="checkbox"/> Composite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other	
Watercraft Type			Watercraft Speed		Watercraft & Motor Value (excluding Trailer)	
<input type="checkbox"/> Bass Boat	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Jet Boat	(80 mph Maximum – Bass Boats & 65 mph All Others)		Purchase Year	Purchase Price
<input type="checkbox"/> Manual	<input type="checkbox"/> Pontoon/Deck Boat	<input type="checkbox"/> Powerboat	Top Capable Speed			Current Value (include motor)
<input type="checkbox"/> Powerboat-Multihull	<input type="checkbox"/> Sailboat	<input type="checkbox"/> Sailboat-Multihull	MPH		\$	\$
<input type="checkbox"/> Ski Boat	<input type="checkbox"/> Yacht	<input type="checkbox"/> Other				

DESCRIPTION OF MOTOR(S)

#	Engine Type	Fuel Type	Year	Make	Model	HP	Serial #
<input type="checkbox"/> 1	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard	<input type="checkbox"/> Gas					
<input type="checkbox"/> 2	<input type="checkbox"/> Sailboat <input type="checkbox"/> Jet Drive	<input type="checkbox"/> Diesel					
	<input type="checkbox"/> Outboard Jet <input type="checkbox"/> I/O	<input type="checkbox"/> Electric					
	<input type="checkbox"/> Manual/No Engine/Electric	<input type="checkbox"/> No Engine or Motor					

DESCRIPTION OF TRAILER (Homemade Trailers are Prohibited)

Year	Make	Model	Serial Number	Current Value
				\$

COVERAGES							PREMIUM (Includes Discounts & Surcharges)
WATERCRAFT LIABILITY	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000 (Submit)	\$
UNINSURED BOATOWNERS <small>(Uninsured Boatowners limits must be equal to or lower than the Watercraft Liability limits)</small>	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000 (Submit)	\$
MEDICAL PAYMENTS	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000	\$
HULL COVERAGE	Current Market Value \$ _____ <input type="checkbox"/> ACV or <input type="checkbox"/> Agreed Value or <input type="checkbox"/> Replacement Cost Hull Deductible Options: Watercraft < 16 yrs old (\$250 minimum) <input type="checkbox"/> 1% , <input type="checkbox"/> 2% , <input type="checkbox"/> 3% , <input type="checkbox"/> 5% Watercraft 16+ yrs old (\$500 minimum) <input type="checkbox"/> 2% , <input type="checkbox"/> 3% , <input type="checkbox"/> 5%						\$
PERSONAL EFFECTS	\$ _____ (\$100 - \$10,000 Limit) <input type="checkbox"/> ACV or <input type="checkbox"/> Replacement Cost						\$
TOWING	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000	\$
TRAILER	Value \$ _____ (\$250 - \$10,000 Limit)		Deductible Option: <input type="checkbox"/> \$250		<input type="checkbox"/> \$500		\$
Minimum Written and Earned Premium \$100							TOTAL PREMIUM \$

DISCOUNT/SURCHARGE SECTION	EXPLAIN ALL "YES" REPOSSES IN REMARKS
Discounts that apply:	
<input type="checkbox"/> Transfer: The applicant has maintained continuous, claim free, insurance on a watercraft for the past year.	Is the watercraft chartered to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Boat Safety Course/License: (Check all that apply)	Does the applicant employ a paid captain or crew? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Coast Guard Course <input type="checkbox"/> Coast Guard Auxiliary <input type="checkbox"/> Captain's License	Is the watercraft held for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chapman Boating School <input type="checkbox"/> Marine Pilot's License <input type="checkbox"/> Merchant Marine License	Is the watercraft used commercially or for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Power Squadron Course <input type="checkbox"/> State Sponsored Course <input type="checkbox"/> State & Federal Maritime Academy	Is the watercraft rented or leased to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Protective Devices:	Is the watercraft used for racing? (N/A to sailboats) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Alarm System <input type="checkbox"/> Automatic Fire Extinguishing Equipment <input type="checkbox"/> Central Station Monitoring System <input type="checkbox"/> No Strike Lightning System	Is the watercraft used as a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has another carrier canceled the applicant, on any policy, for cause? ... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the watercraft have existing damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Surcharges that apply:	Is the watercraft owned by anyone other than the Named Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Boating Ownership: Less than 3 years of boat ownership.	Does the applicant have a total of more than 8 MVR points? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Driving Record: <input type="checkbox"/> 0-2 points <input type="checkbox"/> 3-5 points <input type="checkbox"/> 6-7 points <input type="checkbox"/> 8 points	Does the applicant have 3 or more watercraft losses? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Multi-Owner: <input type="checkbox"/> 1 additional owner <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	
<input type="checkbox"/> Corporate: The named insured is a corporation for tax purposes.	
<input type="checkbox"/> Watercraft Loss: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	
<input type="checkbox"/> Coastal: Risk is located in a coastal county.	

DISCLOSURES/SIGNATURES

FAIR CREDIT REPORTING ACT NOTICE: In compliance with the Federal Credit Reporting Act (Public Law 91-508), you are advised that the Company may order reports, which may contain or include information pertaining to the character, general reputation, personal characteristic, and mode of living of the applicant and/or other drivers listed in this application. Upon written request, the complete nature and scope of the investigation will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties.

PRIVACY POLICY: I have received and read a copy of the Company's Privacy Policy. By submitting this application, I am applying for insurance and, at its expiration, for appropriate renewal policies issued by the Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application of any policy issued to me may be used by the Company to issue, review, and renew the insurance for which I am applying.

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and these statements are offered as an inducement to the Company to issue the policy for which I am applying. I understand this policy may be cancelled if this application contains any false statement, omission, or material misrepresentation that would have otherwise altered the company's evaluation of the named insured. I understand that motor vehicle records may be verified.

TO BE CONSIDERED BOUND, THIS FULLY COMPLETED APPLICATION MUST BE MAILED WITHIN 72 HOURS OF THE EFFECTIVE DATE; OTHERWISE COVERAGE IS BOUND 12:01 A.M. THE DAY RECEIVED BY THE COMPANY.

Insured's Signature _____ Date _____

Bound Effective AM _____ PM _____ Date _____ Not Bound

Producer's Name (Please print) _____

Agent License # _____

Producer's Signature _____

INSTALLMENT BILLING OPTIONS Full Pay 100% Down Two Pay 50% Down Four Pay 25% Down

REMARKS: