



WATERCRAFT APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	
	FAX (A/C, No):			POLICY NUMBER	
CODE:	SUB CODE:	CO/PLAN	HOME PHONE #:	<input type="checkbox"/>	DAY
AGENCY CUSTOMER ID	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #:	<input type="checkbox"/>	EVENING
				<input type="checkbox"/>	DAY
				<input type="checkbox"/>	EVENING

BOAT HULL NO. _____ (IF MORE THAN ONE HULL IS INSURED)

POWER		TYPE OF HULL			HULL MATERIAL		HULL DESIGN			FUEL TANK							
<input type="checkbox"/>	INBOARD	<input type="checkbox"/>	WATERJET	<input type="checkbox"/>	CABIN CRUISER	<input type="checkbox"/>	BASS	<input type="checkbox"/>	SKI	<input type="checkbox"/>	FIBERGLASS	<input type="checkbox"/>	FLAT BOTTOM	<input type="checkbox"/>	VEE BOTTOM	<input type="checkbox"/>	FIBERGLASS
<input type="checkbox"/>	OUTBOARD	<input type="checkbox"/>	SAIL	<input type="checkbox"/>	OPEN COCKPIT	<input type="checkbox"/>	PERSONAL WC	<input type="checkbox"/>		<input type="checkbox"/>	METAL	<input type="checkbox"/>	ROUND BOTTOM	<input type="checkbox"/>	CATAMARAN	<input type="checkbox"/>	METAL
<input type="checkbox"/>	INBOARD/ OUTDRIVE	<input type="checkbox"/>		<input type="checkbox"/>	SAILBOAT	<input type="checkbox"/>	WAVERUNNER	<input type="checkbox"/>		<input type="checkbox"/>	WOOD	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
YEAR	MANUFACTURER/MODEL			LENGTH	MAX SPEED	DATE PURCHASED	COST NEW	PRESENT VALUE									
							\$	\$									
NAME OF BOAT			REGISTRATION NUMBER	HULL IDENTIFICATION NUMBER		WATERS NAVIGATED		TERRITORY									
BERTH/STORAGE LOCATION						LAY-UP PERIOD			<input type="checkbox"/>	DRY							
									<input type="checkbox"/>	AFLOAT							

ENGINE/MOTOR 1

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER	
HORSEPOWER	FUEL	<input type="checkbox"/>	DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	<input type="checkbox"/>	GASOLINE	<input type="checkbox"/>	BATTERY	\$	\$	

ENGINE/MOTOR 2

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER	
HORSEPOWER	FUEL	<input type="checkbox"/>	DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	<input type="checkbox"/>	GASOLINE	<input type="checkbox"/>	BATTERY	\$	\$	

TRAILER

YEAR	MANUFACTURER/MODEL	SERIAL NUMBER	# AXLES	CAPACITY	DATE PURCHASED	COST
						\$

COVERAGES/LIMITS OF LIABILITY

COVERAGE	LIMIT	DEDUCTIBLE	PREMIUM	COVERAGE	LIMIT	DEDUCTIBLE	PREMIUM
HULL	\$	\$	\$	LIABILITY (Or Protection & Indemnity)	CSL \$	ea. acc.	\$
OUTBOARD MOTOR	1 \$	\$	\$		BI \$	ea. pers.	\$
	2 \$	\$	\$		PD \$	ea. acc.	\$
PORTABLE ACCESSORIES	\$	\$	\$	MEDICAL PAYMENTS	\$	\$	\$
TRAILER	\$	\$	\$	UNINSURED BOATERS LIABILITY	CSL \$	ea. acc.	\$
	\$	\$	\$		BI \$	ea. pers.	\$
	\$	\$	\$		PD \$	ea. acc.	\$
	\$	\$	\$	TOTAL			\$

OTHER COVERAGES AND ENDORSEMENTS TO APPLY

DESCRIBE ALL CREDITS TO APPLY	CREDIT

PAYMENT PLAN **ACORD 610 Attached (NOT APPLICABLE IN NC)**

ACCOUNT #:	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AGENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPLICANT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER:

ADDITIONAL INTEREST

<input type="checkbox"/>	ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	LOSS PAYEE		
<input type="checkbox"/>	ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	LOSS PAYEE		

RATING/UNDERWRITING (HULL NO. _____) EXPLAIN ALL "YES" RESPONSES IN REMARKS

EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO
BILGE PUMPS			CO ₂ / CHEMICAL SYSTEMS			RADAR			ANTI -THEFT DEVICES		
COOKING STOVE			FIRE EXTINGUISHERS			RADIO DIRECTION FINDER			HEATING		
FUME DETECTOR			DEPTH SOUNDER			SHIP TO SHORE RADIO					

PORTABLE ACCESSORIES (HULL NO. _____)

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

OPERATORS [List all residents and dependents (licensed or not) and regular operators]

#	NAME	SEX	MAR STAT	DATE OF BIRTH	AUTO DRIVERS LICENSE #	LICENSED STATE	SOCIAL SECURITY #

OPERATOR'S EXPERIENCE - Use operator numbers (Prior Boats, Years, Power Squadron, U.S.C.G.A.)

#	EXPERIENCE

HULL INFORMATION (HULL NO. _____)

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. IS THE BOAT CHARTERED TO OTHERS?			5. DOES THE APPLICANT EMPLOY A PAID CREW?		
2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?			6. ANY SLEEPING FACILITIES? (Provide number of beds)		
3. IS THE BOAT USED FOR RACING?			7. ANY EXISTING DAMAGE TO THE BOAT?		
4. IS THE BOAT USED FOR WATERSKIING?					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. HAS THE APPLICANT LIVED AT CURRENT ADDRESS FOR LESS THAN 3 YEARS? (List previous address)			6. ANY LOSSES OCCUR DURING THE LAST 3 YEARS?		
2. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? NOT APPLICABLE IN WI.			7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO.		
3. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?			8. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)					

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

FOR COMPANY USE ONLY	STATES SUPPLEMENT(S), IF APPLICABLE.	COAST GUARD CERTIFICATE
	PHOTOGRAPH	INSPECTION
	SURVEY	

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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