BOAT HULL NO: _____

ACORD

WATERCRAFT APPLICATION

DATE (MM/DD/YYYY)

PRODUCER	CARRIER	NAIC CODE

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:

DATE AT CURRENT RESIDENCE:

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

AGENCY CUSTOMER ID:

PRIMARY E-MAIL ADDRESS:

POLICY NUMBER:

SECONDARY E-MAIL ADDRESS:

PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE

BIRTH DATE | MARITAL STATUS * / CIVIL UNION (if applicable)

* This field may not be utilized for policyholders applying for residential property insurance in CA.

APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)

CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)

COVERAGES / LIMITS OF LIABILITY

COVERAGE	UNIT #	LIMITS	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
HULL		$ ☐ ACV ☐ RC ☐ AA	$			$
OUTBOARD MOTOR		$	$			$
		$	$			$
PORTABLE ACCESSORIES		$	N / A			$
TRAILER		$	$			$
PERSONAL EFFECTS		$	$			$
TOWING		$	$			$
HURRICANE HAUL-OUT		$	$			$
LIABILITY (Or Protection & Indemnity) CSL / BI		$ EA PER $ EA ACC	$			$
PD		$ EA ACC	$			$
MEDICAL PAYMENTS		$	N / A			$
UNINSURED BOATERS LIABILITY CSL / BI		$ EA PER $ EA ACC	$			$
PD		$ EA ACC	$			$
UNDERINSURED BOATERS LIABILITY CSL / BI		$ EA PER $ EA ACC	$			$
PD		$ EA ACC	$			$

CODE	COVERAGE	UNIT #	LIMIT	APPLIES TO	LIMIT	APPLIES TO	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
			$		$		$			$
			$		$		$			$
			$		$		$			$
			$		$		$			$
									TOTAL:	$

RATING / UNDERWRITING

EQUIPMENT TYPE	Y/N	MANUFACTURER	MODEL	EQUIPMENT TYPE	Y/N	DESCRIPTION
BILGE PUMPS				FIRE EXTINGUISHERS		TYPE / SIZE
FUME DETECTOR						DATE LAST WEIGHED / # OF EXTINGUISHERS
DEPTH SOUNDER						
RADAR				SHIP TO SHORE RADIO		
RADIO DIRECTION FINDER				ANTI -THEFT DEVICES		
CO_2 / CHEMICAL SYSTEMS AUTOMATIC?		SPACES PROTECTED:		HEATING		
COOKING STOVE		FUEL TYPE:	# OF STOVES:			

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

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AGENCY CUSTOMER ID: _____

BOAT HULL NO: _____

BOAT HULL

POWER	TYPE OF HULL	HULL MATERIAL	HULL DESIGN	FUEL TANK
☐ INBOARD ☐ WATERJET	☐ CABIN CRUISER ☐ BASS	☐ FIBERGLASS	☐ FLAT BOTTOM ☐ VEE BOTTOM	☐ FIBERGLASS ☐ METAL
☐ OUTBOARD ☐ SAIL	☐ OPEN COCKPIT ☐ PERSONAL WC	☐ METAL	☐ ROUND BOTTOM ☐ CATAMARAN	SPAR MATERIAL
☐ INBOARD/ OUTDRIVE	☐ SAILBOAT ☐ SKI	☐ WOOD		☐ ALUMINUM ☐ CARBON FIBER
	☐ PONTOON			☐ WOOD

YEAR	MANUFACTURER	MODEL	LENGTH	MAX SPEED	DATE PURCHASED	COST NEW	PRESENT VALUE
						$	$

NAME OF BOAT	NAME OF BENEFICIAL OWNER	REGISTRATION NUMBER	COUNTRY OF REGISTRATION

HULL IDENTIFICATION NUMBER	WATERS NAVIGATED							TERRITORY	DATE OF LAST SURVEY
	☐ ATLANTIC	☐	GREAT LAKES	☐	PACIFIC	☐	GULF OF MEXICO		
		☐	INLAND WATERWAYS	☐	RIVERS				

LOC #	PRIMARY BERTH / STORAGE LOCATION		CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD	
		☐ SUMMER ☐ WINTER						☐ DRY ☐ AFLOAT
LOC #	**SECONDARY BERTH / STORAGE LOCATION**		**CITY**	**STATE**	**ZIP**	**COUNTRY**	**START DATE**	**END DATE**
		☐ SUMMER ☐ WINTER						

ENGINE / MOTOR

MOTOR #	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER

HORSEPOWER	FUEL					DATE PURCHASED	COST NEW	PRESENT VALUE
		☐	GASOLINE	☐	BATTERY		$	$
		☐	DIESEL	☐				

MOTOR #	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER

HORSEPOWER	FUEL					DATE PURCHASED	COST NEW	PRESENT VALUE
		☐	GASOLINE	☐	BATTERY		$	$
		☐	DIESEL	☐				

TRAILER

#	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	# AXLES	CAPACITY	DATE PURCHASED	COST
						lbs.		$

HULL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS THE BOAT CHARTERED TO OTHERS?	

DESTINATION	LENGTH	FREQUENCY	BARE BOAT CHARTER? (Y/N)	VOYAGE CHARTER? (Y/N)	TIME CHARTER? (Y/N)	ALCOHOL SERVED? (Y/N)

ARRANGEMENTS

PURPOSE

2. IS THE BOAT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?	
3. IS THE BOAT USED FOR RACING?	

FREQUENCY	EXTENT OF RACES	WATERS NAVIGATED

4. IS THE BOAT USED FOR WATERSKIING?	

FREQUENCY

5. DOES THE APPLICANT EMPLOY A PAID CREW?	

NUMBER OF FULL-TIME CREW	NUMBER OF PART-TIME CREW

6. ANY SLEEPING FACILITIES?	

NUMBER OF BEDS

7. ANY EXISTING DAMAGE TO THE BOAT?	
8. IS THE BOAT USED AS A PRIMARY RESIDENCE?	

NUMBER OF RESIDENTS	PERMANENT RESIDENCE? (Y / N)

9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED? (If "YES", enter owners in the Additional Interest section)	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)**	
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	
5. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	
6. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	

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

#	NAME	SEX	MAR STAT *	DATE OF BIRTH	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

*** MARITAL STATUS / CIVIL UNION (if applicable)**

OPERATOR'S EXPERIENCE

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	USCGA COURSES? (Y/N)	POWER SQUADRON COURSES? (Y/N)	OTHER EDUCATION

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OPERATOR HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT and WI)	

#	DESCRIPTION OF SPECIAL EQUIPMENT

2. ANY OPERATOR UNDERGOING A COURSE OF TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT, OR and WI)	

#	EXPLANATION

3. ANY DRIVERS LICENSE SUSPENDED / REVOKED DURING THE LAST THREE (3) YEARS?	

#	SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE
	Start Date: End Date:		

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

HAS ANY OPERATOR SHOWN ABOVE HAD A MOTOR VEHICLE OR BOATING ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST _____ YEARS? Y / N

IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

AGENCY CUSTOMER ID: _____

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION? Y / N ☐ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				$		
				$		
				$		

PRIOR COVERAGE ☐ NO PRIOR COVERAGE

LINE OF BUSINESS	PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	BI OR CSL LIMIT(S) IF APPLICABLE PER PERSON	PER ACCIDENT
				$	$
				$	$

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:

DEPOSIT AMOUNT: $

EST TOTAL PREMIUM: $

BILLING
- ☐ DIRECT BILL - POLICY
- ☐ DIRECT BILL - ACCT
- ☐ AGENCY BILL

PAYMENT PLAN
- ☐ FULL PAY
- ☐ ANNUAL
- ☐ SEMI-ANNUAL
- ☐ QUARTERLY
- ☐ BI-MONTHLY
- ☐ MONTHLY

PAYMENT METHOD
- ☐ CASH
- ☐ CHECK
- ☐ CREDIT CARD
- ☐ EFT
- ☐ PAYROLL DEDUCTION
- ☐ PRE-AUTHORIZED DRAFT/CHECK (PAC)

MAIL POLICY TO:
- ☐ AGENT
- ☐ INSURED

PAYOR
- ☐ INSURED ☐ MORTGAGEE ☐

PREMIUM FINANCED ? ☐ Y/N

FINANCE COMPANY

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST
- ☐ ADDITIONAL INSURED
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ MORTGAGEE
- ☐ TRUSTEE
- ☐

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE ☐ SEND BILL

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

VEHICLE: BOAT:

ITEM CLASS: ITEM:

ITEM DESCRIPTION

INTEREST
- ☐ ADDITIONAL INSURED
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ MORTGAGEE
- ☐ TRUSTEE
- ☐

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE ☐ SEND BILL

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

VEHICLE: BOAT:

ITEM CLASS: ITEM:

ITEM DESCRIPTION

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐	STATE SUPPLEMENT(S) (if applicable)	☐	SURVEY	☐	INSPECTION	☐	MOTOR VEHICLE REPORT	☐
☐	PHOTOGRAPH	☐	COAST GUARD CERTIFICATE	☐	APPRAISAL	☐		☐

BINDER

INSURANCE BINDER

EFFECTIVE DATE	EXPIRATION DATE

TIME
- ☐ 12:01 AM
- ☐ NOON

☐ COVERAGE IS NOT BOUND

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.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

AGENCY CUSTOMER ID: _____

NOTICE OF INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP 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. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS,MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

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

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED 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.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)