



WATERCRAFT INSURANCE APPLICATION

(Use Personal Watercraft App for Jet Ski®, Waverunner®, etc)

| PREMIUM INFORMATION | | | | PRODUCER INFORMATION | | | |
|--|--|---|-------------------------------------|---|---|---|---|
| TOTAL PREMIUM \$ | | AMOUNT ENCLOSED \$ | | GA AND PRODUCER CODE | | | |
| PREMIUM FINANCE COMPANY NAME & ADDRESS | | | | PRODUCER NAME, ADDRESS & PHONE NUMBER | | | |
| REQUESTED EFFECTIVE DATE: | | TIME: | | AM/PM | | | |
| INSURED | | LIENHOLDER | | ADDITIONAL INTEREST | | | |
| NAME AND ADDRESS | | NAME AND ADDRESS | | NAME AND ADDRESS | | | |
| COUNTY WHERE MOORED & OPERATED | | | | | | | |
| OPERATOR INFORMATION - LIST ALL OPERATORS (use separate sheet if necessary) | | | | | | | |
| OP# | NAME | SOCIAL SECURITY # | BIRTH DATE | DRIVERS LICENSE # AND STATE | YEARS EXP. | MARITAL | % USE |
| 1 | | | | | | | |
| LIST AND DESCRIBE ALL VIOLATIONS AND ACCIDENTS IN THE PAST 3 YEARS | | | | | | OCCUPATION | |
| 2 | | | | | | | |
| LIST AND DESCRIBE ALL VIOLATIONS AND ACCIDENTS IN THE PAST 3 YEARS | | | | | | OCCUPATION | |
| PROPERTY DESCRIPTION (Photo required on all models 5 or more years old. Send with application) | | | | | | | |
| REGISTRATION # | LENGTH | WEIGHT | TOTAL HP | MAX. SPEED | FUEL | ENGINE | ENGINE |
| | | | | | <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple | <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple |
| PROPERTY | YEAR | MANUFACTURER & MODEL NAME | | HULL ID / SERIAL NUMBER | PURCHASE DATE | PURCHASE PRICE | CURRENT VALUE |
| WATERCRAFT | | | | | | | |
| ENGINE | | HP: | | | | | |
| ENGINE | | HP: | | | | | |
| TRAILER | | | | | | | |
| EQUIPMENT | Itemize equipment that is generally required to be onboard for the safe operation, navigation or maintenance of the watercraft. These items must be included in the total watercraft and equipment value or coverage will not be provided. Package includes \$1,000 for unscheduled equipment, if additional coverage is needed, please itemize here. <input type="checkbox"/> Indicate if schedule is attached | | | | | | |
| ITEM | VALUE | ITEM | VALUE | ITEM | VALUE | ITEM | VALUE |
| PERSONAL EFFECTS | List items which belong to you such as water-skis, fishing gear, cameras, wearing apparel, etc. for which you desire coverage. Coverage is not provided unless a premium is shown and charged for. On total amounts over \$500, list and value each item. | | | | | | |
| ITEM | VALUE | ITEM | VALUE | ITEM | VALUE | ITEM | VALUE |
| BOAT TYPE | | HULL MATERIAL | | HULL TYPE | | LIMITS OF NAVIGATION | |
| <input type="checkbox"/> A Outboard | <input type="checkbox"/> F Airboat | <input type="checkbox"/> 1 Fiberglass | <input type="checkbox"/> 1 V - Hull | COVERAGE APPLIES ONLY TO TERRITORY DEFINED BELOW. CHECK ALL AREAS THAT APPLY. <input type="checkbox"/> Inland Lakes, Rivers and Waterways <input type="checkbox"/> Lake Powell <input type="checkbox"/> Lake Mead <input type="checkbox"/> Lake Tahoe <input type="checkbox"/> Fox River / Chain Of Lakes, Illinois <input type="checkbox"/> Great Lakes, Including St. Lawrence River Above Quebec <input type="checkbox"/> Canadian Inland Lakes, Rivers And Waterways <input type="checkbox"/> Atlantic Ocean Between Eastport ME & Key West FL <input type="checkbox"/> New York / Long Island Coastal <input type="checkbox"/> Bahamas Cruising <input type="checkbox"/> Gulf Of Mexico <input type="checkbox"/> Pacific Ocean Btw. Cape Flattery WA & Imperial Beach CA <input type="checkbox"/> Alaskan Coastal | | | |
| <input type="checkbox"/> B Inboard/Outdrive | <input type="checkbox"/> I Manual | <input type="checkbox"/> 2 Wood | <input type="checkbox"/> 2 Deep V | | | | |
| <input type="checkbox"/> C Inboard | <input type="checkbox"/> J Houseboat | <input type="checkbox"/> 3 Metal | <input type="checkbox"/> 3 Bi Hull | | | | |
| <input type="checkbox"/> D Sail | <input type="checkbox"/> L Pontoon | <input type="checkbox"/> 5 Aluminum | <input type="checkbox"/> 4 Tri Hull | | | | |
| <input type="checkbox"/> E Jetdrive | <input type="checkbox"/> N Bass | <input type="checkbox"/> 6 Kit/Homemade | <input type="checkbox"/> 5 Tunnel | | | | |
| <input type="checkbox"/> O Other | | <input type="checkbox"/> Other | <input type="checkbox"/> 6 Other | | | | |
| GENERAL INFORMATION - MUST BE FULLY COMPLETED | | | | | | | |
| NAME OF PREVIOUS INSURANCE CARRIER AND EXPIRATION DATE | | | | <input type="checkbox"/> Bahamas Cruising <input type="checkbox"/> Gulf Of Mexico <input type="checkbox"/> Pacific Ocean Btw. Cape Flattery WA & Imperial Beach CA <input type="checkbox"/> Alaskan Coastal | | | |
| HAS APPLICANT BEEN CANCELED/NON-RENEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN <small>(Missouri residents need not answer)</small> | | | | | | | |
| LIST ALL MARINE LOSSES IN THE LAST 3 YEARS: TYPE: | | | | | | | |
| ADDRESS WHERE BOAT IS STORED IN SEASON: (Address must be shown if Slip and Mooring coverage is desired) | | | | ADDRESS WHERE BOAT IS STORED OFF SEASON: | | | |
| COUNTY: | | | | COUNTY: | | | |

| ADDITIONAL INFORMATION | |
|--|--|
| Has boat, motor or prop been rebuilt or modified in any way? | <input type="checkbox"/> yes (explain below) <input type="checkbox"/> no |
| Is the boat corporately titled? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is the boat used commercially or for business purposes? (If Yes, ineligible for the program) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is the boat used as any type of residence? How many days per year is the boat used overnight? | <input type="checkbox"/> yes <input type="checkbox"/> no _____ times |
| Is the boat used for waterskiing, aquaplaning or other towing sports? (If Yes, Watersport Liability must be purchased) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have any operators completed a boating safety course? (attach copy of certificates) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is the boat currently held for sale? | <input type="checkbox"/> yes (explain below) <input type="checkbox"/> no |

Explanation:

COVERAGE AND LIMITS REQUESTED

| | |
|---|---|
| WATERCRAFT TOTAL VALUE _____ | HULL DEDUCTIBLE <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2500 <input type="checkbox"/> 5000 |
| <input type="checkbox"/> Actual Cash Value (ACV) <input type="checkbox"/> Agreed Value* (Apply surcharge below) | |
| *Agreed Value available on watercraft up to 10 years old. | |

| | |
|---|--|
| PERSONAL EFFECTS (\$250 DED) VALUE \$ _____ | TRAILER PHYSICAL DAMAGE (\$250 DED) VALUE \$ _____ |
|---|--|

LIABILITY LIMITS: Limits over 300 CSL must be submitted to the company for approval.

| | | | |
|----------------------|---|--|---|
| WATERCRAFT LIABILITY | <input type="checkbox"/> 10/20/5 <input type="checkbox"/> 100/300/50 <input type="checkbox"/> 25/50/10 <input type="checkbox"/> 300 CSL <input type="checkbox"/> 50/100/25 | WATERSPORT LIABILITY (must be equal to watercraft liability) (Includes water towing sports except parasailing) | <input type="checkbox"/> Yes <input type="checkbox"/> 10/20/5 <input type="checkbox"/> 100/300/50 <input type="checkbox"/> No <input type="checkbox"/> 25/50/10 <input type="checkbox"/> 300 CSL <input type="checkbox"/> 50/100/25 |
| MEDICAL PAYMENTS | <input type="checkbox"/> None <input type="checkbox"/> 3000 <input type="checkbox"/> 1000 <input type="checkbox"/> 4000 <input type="checkbox"/> 2000 <input type="checkbox"/> 5000 | UNINSURED BOATER \$15,000 limit | SLIP & MOORING LIABILITY |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CREDITS AND SURCHARGES Check all that apply and indicate percentages used where necessary

| | | | |
|---|---|--|--|
| CREDITS | | SURCHARGES | |
| <input type="checkbox"/> 15% Preferred | <input type="checkbox"/> Agreed Value Hull Coverage | <input type="checkbox"/> 40% Wood | <input type="checkbox"/> 75% Primary Residence |
| <input type="checkbox"/> 5% Safety Course | <input type="checkbox"/> Navigation % _____ | <input type="checkbox"/> 30% Kit Homemade | <input type="checkbox"/> 25% Secondary Residence |
| <input type="checkbox"/> Deductible % _____ | <input type="checkbox"/> 20% Older Houseboat | <input type="checkbox"/> 15% Corp./Multi Owner | |
| | <input type="checkbox"/> Youthful % _____ | <input type="checkbox"/> MVR% _____ | TOTAL PREMIUM \$ _____ |
| | <input type="checkbox"/> 25% Increased Hazard | <input type="checkbox"/> 10% Additional Interest | |

PAYMENT OPTIONS (Direct Bill Only) - Please indicate payment option and method (Do not deduct commissions):

| | |
|---|--|
| Minimum written premium is \$170 (NJ, CT = \$150) | Minimum earned premium is \$100 (Except in FL, GA, & OH) |
| <input type="checkbox"/> Full annual premium | AMOUNT ENCLOSED \$ _____ |
| <input type="checkbox"/> 2 pay plan* - 50% down, 50% due in 90 days. Written premium must be greater than \$200 | |
| <input type="checkbox"/> 3 pay plan* - 40% down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than \$250 | |
| <input type="checkbox"/> 6 pay plan* - 25% down, 15% due in 60, 90, 150, 210 and 270 days. Written premium must be greater than \$400 | |
| * \$5 fee per installment, except in D.C. (\$3) and W.V. (\$2) | |
| Payment Type: <input type="checkbox"/> Check* (Payable to Markel American Insurance Company, except in CT, NH, NJ & VT make checks payable to Markel Insurance Company) | |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover (no coverage is bound if card does not accept payment) |

| | | | |
|--------------------|----------------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Credit Card Number | Card Exp. Date | Signature | Date |

APPLICANT'S STATEMENT AND SIGNATURE

Policy may be subject to short rate cancellation. Premium on total losses is fully earned (where allowed). This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I understand that if my watercraft is used for any business or commercial purpose, is used in any official or pre-arranged race, contest or event (unless it is a sailboat), is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit of liability for hull coverage is the actual cash value (ACV) at the time of loss or the stated ACV above, whichever is less.

The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company, filed an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.

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|------------------------------|-------------|-----------------------------|-------------|
| APPLICANT'S SIGNATURE: _____ | DATE: _____ | PRODUCER'S SIGNATURE: _____ | DATE: _____ |
|------------------------------|-------------|-----------------------------|-------------|

ALL AREAS OF THE APPLICATION MUST BE COMPLETED AND WORKSHEET INCLUDED