



PERSONAL WATERCRAFT INSURANCE APPLICATION

ALL STATES (EXCEPT AR, FL, UT)

Coast Guard approved single engine inboard-powered craft no greater than 17' in length using a water-jet pump as the primary source of propulsion. Units with Shuttlecraft® and twin engines, please see Markel American's Regular Watercraft Program.

MUST BE COMPLETED FOR COMMISSION

Policy Term: 12 months

PRODUCER NAME:

REQUESTED EFFECTIVE DATE:

TO:

PRODUCER CODE:

INSURED NAME:

DAYTIME TELEPHONE #:

ADDRESS:

ADDRESS:

CITY:

SOCIAL SECURITY #:

LIENHOLDER / PREMIUM FINANCE NAME, ADDRESS:

STATE:

ZIP CODE:

COUNTY:

Where is unit kept when not used? Check all that apply Open Parking Lot Driveway/Yard Locked Building/Garage Locked Fenced Area

NAVIGATIONAL TERRITORY: Extends to all inland US waters, including the Great Lakes and up to 25 miles off the US coastline.

Operators	Birth Date	Driver's License # / State	Percentage of use	Safety Course	Violations and Accidents (If none, state "NONE")
1				Y N	
2				Y N	
3				Y N	
4				Y N	

ITEM	YR	Make & Model (Please check appropriate make and list model.)	Hull Serial Number (Please list 12 digit serial #.)	CC SIZE	Purchase Price & Date	CURRENT VALUE
UNIT 1		<input type="checkbox"/> Bombardier Sea Doo ® _____	ZZN _____			\$ _____
		<input type="checkbox"/> Yamaha Wave ® _____	YAM _____			\$ _____
		<input type="checkbox"/> Polaris SL ® _____	PLE _____			\$ _____
		<input type="checkbox"/> Other _____	Other: _____			\$ _____
UNIT 2		<input type="checkbox"/> Bombardier Sea Doo ® _____	ZZN _____			\$ _____
		<input type="checkbox"/> Yamaha Wave ® _____	YAM _____			\$ _____
		<input type="checkbox"/> Polaris SL ® _____	PLE _____			\$ _____
		<input type="checkbox"/> Other _____	Other: _____			\$ _____
TRAILER				N/A		

Previous insurance carrier: _____ (If none, please state none.)

Is any unit corporately titled? No Yes (If yes, apply surcharge on reverse side.)

Does any unit have multiple ownership (up to 3 eligible)? No Yes (If yes, apply surcharge on reverse side.)

STATEMENT OF ELIGIBILITY: I, THE UNDERSIGNED, CONFIRM THAT I MEET ALL THE REQUIREMENTS LISTED BELOW.

- Principal operator is over 18 years of age.
- No operator has more than one (1) boating loss in the last three years.
- No operator has had a major moving violation. Exceptions: A single DUI, DWI or OWI.
- No operator has had more than three (3) minor moving violations.
- Unit not used for business or commercial use.
- No operator has had more than one (1) minor violation and an at fault accident.
- No unit has been modified from stock.
- No unit has pre-existing damage.
- Unit is owned by no more than 3 individuals.

Please refer to the Markel Regular Watercraft Program for all applicants that do not meet the above requirements.

Premium may be subject to accelerated short rate cancellation and is fully earned on total losses (except where prohibited). \$100 minimum written premium applies.

APPLICANT'S STATEMENT AND SIGNATURE: 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, 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 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 thereto commits a fraudulent insurance act, which is a crime.**

APPLICANT'S SIGNATURE

DATE:

PRODUCER'S SIGNATURE

DATE:

SEE RATES ON REVERSE SIDE

PACKAGE POLICY

Basic Package includes \$10,000/20,000/5,000 Bodily Injury/Property Damage Watercraft Liability; \$1,000 Medical Payments with a \$100 deductible; ACV Watercraft & Equipment Coverage. The package is available with either of the physical damage deductibles listed below. Full coverage policies in New York Boroughs & Long Island must have \$500 deductible.

Current Actual Cash Value	\$250 with \$500 Theft Deductible	\$500 with \$500 Theft Deductible
\$ 0 - 2,500	132	125
\$ 2,501 - 3,500	157	147
\$ 3,501 - 4,500	192	179
\$ 4,501 - 5,500	207	192
\$ 5,501 - 6,500	217	201
\$ 6,501 - 7,500	242	224
\$ 7,501 - 8,500	267	246
\$ 8,501 - 9,500	282	260
\$ 9,501 - 10,500	282	260
\$ 10,501 - 11,500	282	260
\$ 11,501 and over	282	260

MISCELLANEOUS COVERAGES

Medical Payments: \$10 per \$1,000 limit; \$5,000 max
 Trailer: \$2 per \$100 (value x .02)
 Personal Effects: \$3 per \$100 (value x .03), \$500 max
 \$250 Deductible applies to Trailer and Personal Effects

Liability Limits - Add to Package Rates	
Increased Watercraft Limits	Waterski/Watersport Liability
10/20/5	N/A
25/50/10	10/20/5
50/100/25	25/50/10
100/300/50	50/100/25
300CSL*	100/300/50
	300CSL*
	\$90

*\$300,000 Liability limits require the following:

1. Motor vehicle report on each operator (2 minors allowed for each operator).
2. Principal operator must be age 30 and older.
3. Primary operator must have 2 years boating experience.
4. Signed statement advising all operators have been disclosed.

For limits of \$250/500/100 and higher, refer to company for quoting and binding approval

PREMIUM CALCULATIONS

Watercraft 10/20/5 Liability & \$1000 Med Pay Only: \$57+
 (Liability only surcharge below will apply)

OR

Basic Package (Ded) \$250 \$500 \$
 Increased Liability Limit _____ \$
 Waterski Liability Limit _____ \$
 Increased Med Pay Limit _____ \$
 Premium Subtotal _____ \$

CREDITS & SURCHARGES

*Liability Only Surcharge +40%
 *(Not applicable in Georgia)
 Multi Owner / +30%
 Corporate Titled Surcharge +20%
 New York Boroughs & Long Island*
 (Bronx, Kings, Nassau, Queens and Suffolk)
 **\$500 mandatory deductible
 PWC Safety Course Credit -10%
 (Enclose copy of safety course certificate)

Total Credits & Surcharges _____ %
 Subtotal: (Total % + 1 x Premium Subtotal) = \$ _____

Trailer Limit _____ \$
 Personal Effects (max \$500) Limit _____ \$
 Premium Subtotal _____ \$
 Applicable Tax (if required) _____ \$
 Total Annual Premium** _____ \$
 **Minimum written premium is \$100

PAYMENT OPTIONS (Choose One Option)

- Full annual premium.
 - Two pay plan*: 50% down, 50% due on day 90. Written premium must be greater than \$200
 - Three pay plan*: 40% down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than \$250
 - Six pay plan*: 25% down, 15% due in 60, 90, 150, 210 & 270 days. Written premium must be greater than \$400
- *\$5 fee per installment, except in D.C. (\$3) & W.V. (\$2)

PAYMENT METHOD:

Check* \$ _____
 *Make checks payable to Markel American Ins. Co. In CT, NH, NJ, & VT make checks payable to Markel Ins. Co.
 Visa # _____
 MasterCard # _____
 Discover # _____
 Expiration date of Credit Card: _____

CARDHOLDER SIGNATURE _____



Personal Watercraft Insurance Application

ALL STATES
 (Except AR, FL, UT)



Markel American Insurance Company
 Markel Insurance Company

P.O. Box 906
 Pewaukee, Wisconsin 53072

A.M. BEST Rating - A Excellent