ACORD®

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
E-MAIL ADDRESS:		CO/PLAN	HOME PHONE # ☐ DAY ☐ EVENING
CODE:	SUB CODE:	EFFECTIVE DATE / EXPIRATION DATE	BUSINESS PHONE # ☐ DAY ☐ EVENING
AGENCY CUSTOMER ID:			

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

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

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
	☐ DRY ☐ AFLOAT

ENGINE/MOTOR 1

YEAR	MANUFACTURER/MODEL	SERIAL NUMBER

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

ENGINE/MOTOR 2

YEAR	MANUFACTURER/MODEL	SERIAL NUMBER

HORSEPOWER	FUEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	☐ GASOLINE ☐ DIESEL ☐ 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.	$	$
		$	$	$	UNDERINSURED 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:	☐ AGENT
☐ DIRECT BILL	☐ BILL APPLICANT ☐	☐ FULL PAY	☐ APPLICANT
☐ AGENCY BILL	☐ BILL MORTGAGEE	☐	☐

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ADDITIONAL INTEREST

	NAME AND ADDRESS	LOAN NUMBER
☐ ADDL INTEREST ☐ LOSS PAYEE		
☐ ADDL INTEREST ☐ 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 COMMERCIALLY 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)			7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO.		
2. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? NOT APPLICABLE IN WI.			8. DURING THE LAST FIVE YEARS (TEN IN RI), 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, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
3. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?					
4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)					
6. ANY LOSSES OCCUR DURING THE LAST 3 YEARS?					

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

- ☐ STATES SUPPLEMENT(S), IF APPLICABLE.
- ☐ PHOTOGRAPH
- ☐ SURVEY
- ☐ COAST GUARD CERTIFICATE
- ☐ INSPECTION
- ☐
- ☐
- ☐

FOR COMPANY USE ONLY

REMARKS

BINDER/SIGNATURE

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 COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

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 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 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, NE, 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 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.

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