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**BOATS AND
 PERSONAL
 WATERCRAFTS**

1. General Information

Proposed Effective Date: _____

Applicant's Name (Applicant must be insured and registered owner of boat(s)/watercraft(s)): _____

Please list any business d/b/a, if applicable: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location (if different): _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Producer's Name: _____ Producer's Contact: _____

2. Insurance History

Current insurer, including expiration date of current policy (or your last insurer if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant been a party to an auto or boat related property or liability claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000

<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

4. **Boats and Personal Watercraft** – Complete the following information for each watercraft to be considered:

Unit	Year	Make & Model	Hull Serial Number	Coverage:	Purchase Price & Date	Current Value	Registration #
Trailer, if applicable							

Specifications	Length	Engine Make/Manufacturer	Max MPH	HP	Number of Engines	Hull Type

Tanks and Fuel Lines

- Are filling pipes flush and tight with deck? Yes No
- Drain Overboard? _____
- Are tank(s) equipped with vent liner(s)? Yes No
- Vent Overboard? _____
- Location of fuel line(s): _____
- Are shut off valves accessible: Yes No Location: _____

Fire Fighting Equipment

- Number of extinguishers: _____
 - Type: _____
 - Location: _____
 - Last Inspection: _____
 - CO2 System: _____
 - Manual or Automatic: _____
 - When last weighed: _____

8. Other Fire Equipment: _____

Safety Equipment

9. Number of Life Preservers: _____ Type: _____ Location: _____

10. Fume Detector: _____

Auxiliaries

11. Auxiliary Generator: _____ Make: _____
Rating: _____

12. Approved Instillation: _____

13. General Condition of Wiring: _____
Wired for 110 Volts: _____ Fused: _____

Galley

14. Type of Stove: _____

a. Make: _____

b. Location: _____

c. Is stove secured: Yes No

d. Location of Fuel Tank: _____

15. Is Surrounding Woodwork Properly Insulated: Yes No

16. Describe Ventilation: _____

Dock and Ground Tackle

17. Where Moored: _____

18. Slip: _____

19. Buoy Field: _____

20. Number of Anchors: _____

a. Size and Type _____

b. Anchor Line: _____

c. Length: _____

d. Condition: _____

21. Condition of Dock or Mooring Line: _____

22. Will boat be transported to other location? Yes No If yes, where: _____

General Information

23. How will the boat be used (commercially, privately, time-share, etc.): _____

24. How many hours have been logged on the boat: _____

OPERATOR'S NAME:	YEARS EXPERIENCE:	AGE:	DRIVER'S LICENSE NUMBER:	CITATIONS OF ANY KIND:

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____
Applicant:

Dated: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name