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 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854
 quotes@primeis.com

BOATING RESUME

General Information

1. Operator Name: _____
 Mailing Address: _____ City: _____ State: _____
 Zip: _____ Phone: Home: _____ Cell: _____ Other: _____
 Physical Address: _____ City: _____ State: _____
 Zip: _____ Phone: Home: _____ Cell: _____ State: _____
2. Driver's License Number: _____ Date of Birth: _____ State: _____
3. Occupation: _____
4. Financial History/Narrative (please indicate any financial hardships including liens, bankruptcy, etc. in the past years): _____

Boating Experience

5. Total Years of Operating Experience: _____
6. Total Years of Ownership Experience: _____

Prior Boats you have OWNED:

Year	Length	Manufacturer	Model	Hull Type (Cat or V-Hull)	Dates Owned	
					To	From
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull		
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull		
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull		

Prior Boats you have OPERATED:

Year	Length	Manufacturer	Model	Hull Type (Cat or V-Hull)	Dates Owned		Total Hours
					To	From	
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull			
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull			
				<input type="checkbox"/> Cat <input type="checkbox"/> Hull			

10. List the waters or areas you have navigated: (Atlantic, Great Lakes, Pacific, Mexico, etc.):

11. List any Licenses, Boating Courses or Classes for which you can produce a certificate:

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.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name