



Commercial Watercraft Application

GENERAL AGENT INFORMATION

General Agency Code #

General Agency Name

Requested Effect Date:

AGENCY INFORMATION

AGENCY CODE #	PHONE # ()
AGENCY NAME	PHONE # ()
STREET	EMAIL
CITY/STATE/ZIP	CONTACT NAME

APPLICANT INFORMATION (APPLICANT MUST BE THE TITLED OWNER)

TITLED OWNER NAME	PRINCIPAL CONTACT	BUSINESS PHONE ()		
		ALTERNATE PHONE ()		
MAILING ADDRESS (STREET)	CITY	COUNTY	STATE	ZIP

Type of Organization: Individual Partnership Corporation Joint Venture Other, Explain: _____

PHYSICAL ADDRESS OF OPERATION: LIST ALL LOCATIONS

CITY	STATE	ZIP	COUNTY	DESCRIPTION

Operating From: Marina Beach Boat Launch Locked Facility Other, Explain: _____

Describe How The Watercraft Are Used By This Operation:	What Is The Experience Of The Owners With This Type Operation?
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How Many Years Has Applicant Owned/Operated This Business? _____	Operating Period: From: _____ To: _____
How Many Years Has Applicant Operated From This Location? _____	When Not In Use, Watercraft Are: <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat
Projected Gross Receipts For This Year \$ _____	Warranted on-shore lay-up period? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Receipts For This Operations Last Year \$ _____	From: ____/____/____ To: ____/____/____

Prior Insurance Carrier: _____	Describe All Other Commercial Activities Conducted On The Premise Including Non-Owned Activities:
Policy Number: _____	
Expiration Date: _____	
If Other Owned Activity, Is There Insurance In Force? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name Of Body Of Water To Be Navigated On: _____

Navigation Desired – Check All That Apply

US Inland Waterways Only Coastal Up To 5 Miles Offshore Coastal Greater Than 5 Miles Offshore. Number Of Miles Offshore Requested: _____

FIVE YEAR CLAIM HISTORY - BUSINESS OPERATIONS, WATERCRAFT, AND PREMISES

DATE OF LOSS	DETAILS OF LOSS	AMOUNT PAID

Describe All Other Commercial Activities Conducted On The Premise Including Non-Owned Activities:

If Other Owned Activity, Is There Insurance In Force? YES NO

Has Any Insurance Company Ever Canceled, Non-Renewed, Or Declined Coverage? (Missouri Residents Need Not Answer) YES NO

If Yes Explain: _____

LIENHOLDER INFORMATION

LIENHOLDER NAME	STREET	CITY	STATE	ZIP

ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)

NAME			MAILING ADDRESS (STREET)		
CITY	STATE	ZIP	BIRTHDATE	ADDITIONAL INSURED TYPE	
<input type="checkbox"/> Joint Owner <input type="checkbox"/> Additional Interest <input type="checkbox"/> Marina					

OPERATOR AND CREW INFORMATION (LIST ALL OPERATORS)

NAME	BIRTHDATE	DRIVERSLICENSE NUMBER	STATE	POSITION	USCG LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
ANY ACCIDENTS OR MOVING VIOLATIONS IN PAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			EVER CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:		
ANY ALCOHOL OR DRUG RELATED VIOLATIONS IN PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					
IS ANY CREW (CAPTAIN, CREW, OR OTHER EMPLOYEE) EMPLOYED TO OPERATE/MAINTAIN VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE EXPLAIN:					
NUMBER OF CREW	CREW POSITIONS (FULL TIME, PART TIME, SEASONAL)				
ARE ANY EMPLOYEES TAKING MEDICATION, UNDER MEDICAL CARE, OR SEEKING TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:					

USAGE

NUMBER OF DAYS PER YEAR VESSEL IS USED COMMERCIALY _____	NUMBER OF DAYS PER YEAR VESSEL IS USED PERSONALLY _____
MAXIMUM NUMBER OF PASSENGERS FOR HIRE? _____	MAXIMUM NUMBER PER USCG DESIGNATION _____
AVERAGE NUMBER OF PASSENGERS FOR HIRE _____	
DO PASSENGERS STAY ONBOARD THE VESSEL OVERNIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN IF YES	
IS FOOD OR LIQUOR SERVED TO THE PASSENGERS? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN IF YES	
ARE PASSENGERS EVER TOWED ON WATER-SKI OR WATER TOYS? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN IF YES	
OTHER REMARKS:	

VESSEL INFORMATION

TOTAL PURCHASE PRICE	TOTAL CURRENT VALUE OF BOAT	TYPE OF BOAT	TYPE OF HULL	HULL MATERIAL
SAFETY EQUIPMENT OF VESSEL: <input type="checkbox"/> GPS, <input type="checkbox"/> RADAR, <input type="checkbox"/> EPIRP, <input type="checkbox"/> ANTI-THEFT DEVICE, <input type="checkbox"/> SMOKE DETECTORS, <input type="checkbox"/> CARBON MONOXIDE DETECTORS				
DOES VESSEL HAVE ANY PRE-EXISTING DAMAGE? IF YES EXPLAIN:				
VESSEL NAME	LENGTH	HULL YEAR	HULL MANUFACTURER	MODEL
HULL ID NUMBER (12 DIGITS)	TOTAL HP	MAX SPEED	GAS OR DIESEL	FUEL CAPACITY
PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE		
ENGINE #1				
ENGINE YEAR	ENGINE MANUFACTURER	MODEL	HP	
PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE		
ENGINE #2				
ENGINE YEAR	ENGINE MANUFACTURER	MODEL	HP	
PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE		

TENDER INFORMATION

TENDER YEAR	MAKE	MODEL	LENGTH
PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE	
TENDER ENGINE YEAR	MAKE	MODEL	HORSEPOWER

TRAILER/BOAT LIFT INFORMATION

MODEL YEAR	MANUFACTURER	MODEL
PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE

PERSONAL EFFECTS (LIST ITEMS IN WHICH YOU DESIRE COVERAGE FOR)

DESCRIPTION	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE	TOTAL PERSONAL EFFECTS VALUE

COVERAGES

	REQUESTED LIMITS	PREMIUM
Watercraft Liability		\$
Uninsured/Underinsured		\$
Medical Payments		\$
Watersports Liability		\$
Watercraft Physical Damage - Agreed Value <input type="checkbox"/> or ACV <input type="checkbox"/>		\$
Watercraft Physical Damage Ded. Selection (2%, 3%, 5%, 10% (minimum deductible greater of 2% or \$500.))		\$
Pollution Coverage <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$800,000		\$
Trailer Coverage / Boat Lift Coverage (Subject to \$250 Deductible)		\$
Tender Coverage (Subject to \$250 Deductible)		\$
Personal Effects (Subject to \$250 Deductible)		\$
Crew Liability (Subject to \$1,000 Ded.) (only available on Passenger Charters, maximum crew of 3) (<input type="checkbox"/> \$50,000/\$100,000 and <input type="checkbox"/> \$100,000 CLS)		
Taxes City/County, State		
Total Premium		\$

BILLING INFORMATION

Payment Plan:	Minimum Down Payment:	Down Payment Method:	Payment Received:
Credit Card Type:	Credit Card Number:		Exp. Date (MM/YY):

APPLICANT'S STATEMENT

Watersports Liability Coverage provides Bodily Injury and Property Damage Liability coverage for a covered accident occurring while your watercraft is used during a covered towing sport. I understand that if I have not accepted the coverage, no coverage is provided for accidents during such towing sports activities.

Named Storm Coverage provides physical damage coverages in the event of a named storm. If I have rejected Named Storm Coverage I understand that no physical damage coverage will apply for damage caused by a named storm I affirm that the information provided is true to the best of my knowledge and that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire. I hereby authorize appropriate state authorities to release my motor vehicle driving record to American Modern Insurance Group or its representative. This release shall remain in effect until I request in writing that it be withdrawn. I understand that as part of routine procedures, an investigative consumer report may be ordered that could contain information about my character, general reputation, personal and financial characteristics, and mode of living. Information on the nature and scope of such a report, if one is made, will be provided to me upon my written request. I understand that the discovery of any material misrepresentations or omissions in this Application may result in a change in the premium charge for my policy, or may cause my policy to be cancelled or voided.

Applicant's Signature _____ Date _____

Insurance Agent's Signature _____ Date _____

Fraud Warning It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of benefits, and may subject you to civil damages. (If you are signing this application in AR, CO, D.C., FL, HI, KY, LA, ME, NJ, NM, NY, OR, PA, TN or VA, please see below for the fraud language required in your state.)

NOTICE TO AGENT: The rental agreement, check-out/renter training procedures, and complete watercraft information must be received and approved by American Modern underwriting prior to binding coverage.

North Dakota Notice - We will consider your claim history in determining whether to decline, cancel, nonrenew, or surcharge your policy and any claims incurred will be reported to an insurance support organization.

FRAUD WARNING NOTICE (This form is part of the application for insurance.)

Applicable in Arkansas - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in California - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii - For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files 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.

Applicable in Louisiana - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Maine, Tennessee and Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Maryland - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Applicable in New York - Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicable in West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ADDITIONAL NOTICE

Applicable in Minnesota Only - THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON THAT IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

Applicable in Virginia - READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURED AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.