AGENCY CUSTOMER ID: _____

BOAT HULL NO: _____

ACORD

WATERCRAFT SECTION

DATE (MM/DD/YYYY)

PRODUCER		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

BOAT HULL

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

YEAR	MANUFACTURER	MODEL	LENGTH	MAX SPEED	DATE PURCHASED	COST NEW	PRESENT VALUE
						$	$

NAME OF BOAT	NAME OF BENEFICIAL OWNER	REGISTRATION NUMBER	COUNTRY OF REGISTRATION

HULL IDENTIFICATION NUMBER	WATERS NAVIGATED	TERRITORY	DATE OF LAST SURVEY
	☐ GREAT LAKES ☐ PACIFIC ☐ GULF OF AMERICA ☐ ATLANTIC ☐ INLAND WATERWAYS ☐ RIVERS ☐		

LOC #	PRIMARY BERTH / STORAGE LOCATION		CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD	
		☐ SUMMER ☐ WINTER						☐ DRY ☐ AFLOAT
LOC #	SECONDARY BERTH / STORAGE LOCATION		CITY	STATE	ZIP	COUNTRY	START DATE	END DATE
		☐ SUMMER ☐ WINTER						

ENGINE / MOTOR

MOTOR #	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER

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

MOTOR #	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER

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

TRAILER

#	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	# AXLES	CAPACITY	DATE PURCHASED	COST
						lbs.		$

COVERAGES / LIMITS OF LIABILITY

COVERAGE	UNIT #	LIMITS	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
HULL		$ ☐ ACV ☐ RC ☐ AA	$			$
OUTBOARD MOTOR		$	$			$
		$	$			$
PORTABLE ACCESSORIES		$	N / A			$
TRAILER		$	$			$
PERSONAL EFFECTS		$	$			$
TOWING		$	$			$
HURRICANE HAUL-OUT		$	$			$
LIABILITY (Or Protection & Indemnity) CSL / BI		$ EA PER $ EA ACC	$			$
PD		$ EA ACC	$			$
MEDICAL PAYMENTS		$	N / A			$
UNINSURED BOATERS LIABILITY CSL / BI		$ EA PER $ EA ACC	$			$
PD		$ EA ACC	$			$
UNDERINSURED BOATERS LIABILITY CSL / BI		$ EA PER $ EA ACC	$			$
PD		$ EA ACC	$			$

CODE	COVERAGE	UNIT #	LIMIT	APPLIES TO	LIMIT	APPLIES TO	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
			$		$		$			$
			$		$		$			$
			$		$		$			$
			$		$		$			$
									TOTAL:	$

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Attach to ACORD 88

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AGENCY CUSTOMER ID: _____

BOAT HULL NO: _____

RATING / UNDERWRITING

EQUIPMENT TYPE	Y/N	MANUFACTURER	MODEL	EQUIPMENT TYPE	Y/N	DESCRIPTION	
BILGE PUMPS				FIRE EXTINGUISHERS		TYPE	SIZE
FUME DETECTOR						DATE LAST WEIGHED	# OF EXTINGUISHERS
DEPTH SOUNDER							
RADAR				SHIP TO SHORE RADIO			
RADIO DIRECTION FINDER				ANTI -THEFT DEVICES			
CO_2 / CHEMICAL SYSTEMS				HEATING			
AUTOMATIC?		SPACES PROTECTED:					
COOKING STOVE							
		FUEL TYPE:	# OF STOVES:				

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

HULL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS THE BOAT CHARTERED TO OTHERS?	
2. IS THE BOAT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?	
3. IS THE BOAT USED FOR RACING?	
4. IS THE BOAT USED FOR WATERSKIING?	
5. DOES THE APPLICANT EMPLOY A PAID CREW?	
6. ANY SLEEPING FACILITIES?	
7. ANY EXISTING DAMAGE TO THE BOAT?	
8. IS THE BOAT USED AS A PRIMARY RESIDENCE?	
9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED? (If "YES", enter owners on ACORD 88, Additional Interest section)	

DESTINATION	LENGTH	FREQUENCY	BARE BOAT CHARTER? (Y/N)	VOYAGE CHARTER? (Y/N)	TIME CHARTER? (Y/N)	ALCOHOL SERVED? (Y/N)

ARRANGEMENTS

PURPOSE

FREQUENCY	EXTENT OF RACES	WATERS NAVIGATED

FREQUENCY

NUMBER OF FULL-TIME CREW	NUMBER OF PART-TIME CREW

NUMBER OF BEDS

NUMBER OF RESIDENTS	PERMANENT RESIDENCE? (Y / N)

OPERATORS [List all residents and dependents (licensed or not) and regular operators]

#	NAME	SEX	MAR STAT *	DATE OF BIRTH	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

* MARITAL STATUS / CIVIL UNION (if applicable)

AGENCY CUSTOMER ID: _____

OPERATOR'S EXPERIENCE

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	USCGA COURSES? (Y/N)	POWER SQUADRON COURSES? (Y/N)	OTHER EDUCATION

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OPERATOR HAVE PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT and WI)	
2. ANY OPERATOR UNDERGOING A COURSE OF TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT, OR and WI)	
3. ANY DRIVERS LICENSE SUSPENDED / REVOKED DURING THE LAST THREE (3) YEARS?	

#	DESCRIPTION OF SPECIAL EQUIPMENT

#	EXPLANATION

#	SUSPENSION PERIOD Start Date: End Date:	EXPLANATION	REINSTATEMENT DATE

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

HAS ANY OPERATOR SHOWN ABOVE HAD A MOTOR VEHICLE OR BOATING ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS? ☐ Y / N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐	STATE SUPPLEMENT(S) (if applicable)	☐	SURVEY	☐	INSPECTION	☐	MOTOR VEHICLE REPORT
☐	PHOTOGRAPH	☐	COAST GUARD CERTIFICATE	☐	APPRAISAL	☐	

BINDER

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 ARIZONA: Binders are effective for no more than 90 days. 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. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

FRAUD STATEMENTS / SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 claimant 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 DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: 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 ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: 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 OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER