ACORD™ WATERCRAFT APPLICATION

DATE (MM/DD/YYYY)

AGENCY | PHONE (A/C, No, Ext): | FAX (A/C, No):

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

NAIC CODE

POLICY NUMBER

CODE: | SUB CODE:

CO/PLAN

HOME PHONE #: ☐ DAY ☐ EVENING

AGENCY CUSTOMER ID

EFFECTIVE DATE | EXPIRATION DATE

BUSINESS PHONE #: ☐ DAY ☐ EVENING

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 ☐ WAVERUNNER	☐ WOOD	☐	

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)	$	$	$
OUTBOARD MOTOR	1	$	$	$	MEDICAL PAYMENTS	$	$	$
	2	$	$	$	UNINSURED BOATERS LIABILITY	$	$	$
PORTABLE ACCESSORIES		$	$	$		$	$	$
TRAILER		$	$	$				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: ☐ AGENT ☐ APPLICANT ☐ OTHER:

BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
☐ DIRECT BILL	☐ BILL APPLICANT ☐ OTHER:	☐ FULL PAY
☐ AGENCY BILL	☐ BILL MORTGAGEE	☐ OTHER:

ADDITIONAL INTEREST

	NAME AND ADDRESS	LOAN NUMBER
☐ ADDL INTEREST ☐ LOSS PAYEE		
☐ ADDL INTEREST ☐ LOSS PAYEE		

RATING/UNDERWRITING (HULL NO. _____)

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	☐	☐		☐	☐

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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)			6. ANY LOSSES OCCUR DURING THE LAST 3 YEARS?		
2. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? NOT APPLICABLE IN WI.			7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO.		
3. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?			8. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)					

REMARKS

ATTACHMENTS

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

FOR COMPANY USE ONLY

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.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT 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. 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, 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 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