

ACORD™ WATERCRAFT APPLICATION

DATE (MM/DD/YY)

PRODUCER **PHONE (402) 592-0900**
FAX (402) 592-0962

Associated Underwriters, Inc.
11115 "O" Street
P. O. Box 45820
Omaha, NE 68145-0820

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

NAIC CODE

TELEPHONE NUMBER

CODE: _____ SUBCODE: _____
 AGENCY CUSTOMER ID _____

CO/PLAN

POL#:

ACCT#:

EFFECTIVE DATE

EXPIRATION DATE

DIRECT BILL

PAYMENT PLAN

AGENCY BILL

BOAT

POWER		TYPE OF HULL			HULL MATERIAL		HULL DESIGN			FUEL TANK							
<input type="checkbox"/>	INBOARD	<input type="checkbox"/>	WATERJET	<input type="checkbox"/>	CABIN CRUISER	<input type="checkbox"/>	BASS	<input type="checkbox"/>	SKI	<input type="checkbox"/>	FIBERGLASS	<input type="checkbox"/>	FLAT BOTTOM	<input type="checkbox"/>	VEE BOTTOM	<input type="checkbox"/>	FIBERGLASS
<input type="checkbox"/>	OUTBOARD	<input type="checkbox"/>	SAIL	<input type="checkbox"/>	OPEN COCKPIT	<input type="checkbox"/>	METAL	<input type="checkbox"/>	WOOD	<input type="checkbox"/>	ROUND BOTTOM	<input type="checkbox"/>	CATAMARAN	<input type="checkbox"/>	METAL	<input type="checkbox"/>	METAL
<input type="checkbox"/>	INBOARD/ OUTDRIVE	<input type="checkbox"/>	SAILBOAT	<input type="checkbox"/>	PERSONAL WC												
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/OUTBOARD MOTOR 1

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER	
HORSEPOWER	FUEL	<input type="checkbox"/>	DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY		\$	\$	

ENGINE/OUTBOARD MOTOR 2

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER	
HORSEPOWER	FUEL	<input type="checkbox"/>	DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY		\$	\$	

ENGINE/OUTBOARD MOTOR 3

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER	
HORSEPOWER	FUEL	<input type="checkbox"/>	DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	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)	\$	\$	\$
	1 \$	\$	\$	MEDICAL PAYMENTS	\$	\$	\$
OUTBOARD MOTOR	2 \$	\$	\$	UNINSURED BOATERS LIABILITY	\$	\$	\$
	3 \$	\$	\$		\$	\$	\$
PORTABLE ACCESSORIES	\$	\$	\$		CREDIT		TOTAL
TRAILER	\$	\$	\$		\$		\$

OTHER COVERAGES AND ENDORSEMENTS TO APPLY

DESCRIBE ALL CREDITS TO APPLY

ADDITIONAL INTEREST

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

EQUIPMENT

TYPE	#	MAKE, MODEL, SERIAL NUMBER, VALUE, ETC
BILGE PUMPS		
COOKING STOVE		
FUME DETECTOR		
CO ² /CHEMICAL SYSTEM		
FIRE EXTINGUISHERS		
DEPTH SOUNDER		
RADAR		
RADIO DIRECTION FINDER		
SHIP TO SHORE RADIO		
ANTI-THEFT DEVICES		
HEATING		

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.)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. IS THE BOAT CHARTERED TO OTHERS?			9. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?		
2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?			10. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)		
3. IS THE BOAT USED FOR RACING?			11. ANY LOSSES OCCUR DURING THE LAST 3 YEARS?		
4. IS THE BOAT USED FOR WATERSKIING?			12. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO		
5. DOES THE APPLICANT EMPLOY A PAID CREW?			13. ANY SLEEPING FACILITIES? (Provide number of beds)		
6. HAS THE APPLICANT LIVED AT CURRENT ADDRESS FOR LESS THAN 3 YEARS? (List previous address)			14. DURING THE LAST TEN YEARS, 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.)		
7. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? NOT APPLICABLE IN WI					
8. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?					

REMARKS	ATTACHMENTS	
		<input type="checkbox"/>
	<input type="checkbox"/>	SURVEY
	<input type="checkbox"/>	COAST GUARD CERTIFICATE
	<input type="checkbox"/>	INSPECTION
FOR COMPANY USE ONLY		

BINDER/SIGNATURE

INSURANCE BINDER		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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

NOTICE OF INSURANCE INFORMATION PRACTICES
PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE; AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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