




WATERCRAFT APPLICATION

DATE (MM/DD/YYYY)

AGENCY  Associated Underwriters 9412 Giles Road La Vista, NE 68128 Phone: 402.592.0900 Fax: 402.592.0962	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		EFFECTIVE DATE
			EXPIRATION DATE
CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS: CODE: SUBCODE:	CARRIER	NAIC CODE	
AGENCY CUSTOMER ID:	PLAN	POLICY #	
	HOME PHONE #	DAY EVENING	BUSINESS PHONE # DAY EVENING

BOAT HULL NO. _____ (IF MORE THAN ONE HULL IS INSURED)

POWER <input type="checkbox"/> INBOARD <input type="checkbox"/> WATERJET <input type="checkbox"/> OUTBOARD <input type="checkbox"/> SAIL <input type="checkbox"/> INBOARD/OUTDRIVE		TYPE OF HULL <input type="checkbox"/> CABIN CRUISER <input type="checkbox"/> BASS <input type="checkbox"/> OPEN COCKPIT <input type="checkbox"/> PERSONAL WC <input type="checkbox"/> SAILBOAT <input type="checkbox"/> SKI <input type="checkbox"/> PONTOON		HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> WOOD		HULL DESIGN <input type="checkbox"/> FLAT BOTTOM <input type="checkbox"/> VEE BOTTOM <input type="checkbox"/> ROUND BOTTOM <input type="checkbox"/> CATAMARAN		FUEL TANK <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL SPAR MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> CARBON FIBER <input type="checkbox"/> 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		
PRIMARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD		
SECONDARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY	STATE	ZIP	COUNTRY	<input type="checkbox"/> DRY <input type="checkbox"/> AFLOAT		

ENGINE/MOTOR 1

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

ENGINE/MOTOR 2

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

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)	CSL \$	ea. acc.	\$
OUTBOARD MOTOR	1 \$	\$	\$		BI \$	ea. pers.	\$
	2 \$	\$	\$		PD \$	ea. acc.	\$
PORTABLE ACCESSORIES	\$	\$	\$	MEDICAL PAYMENTS	\$	\$	\$
TRAILER	\$	\$	\$	UNINSURED BOATERS LIABILITY	CSL \$	ea. acc.	\$
PERSONAL EFFECTS	\$	\$	\$		BI \$	ea. pers.	\$
TOWING	\$	\$	\$		PD \$	ea. acc.	\$
HURRICANE HAUL-OUT	\$	\$	\$	UNDERINSURED BOATERS LIABILITY	CSL \$	ea. acc.	\$
	\$	\$	\$		BI \$	ea. pers.	\$
	\$	\$	\$		PD \$	ea. acc.	\$
	\$	\$	\$	TOTAL			\$

OTHER COVERAGES AND ENDORSEMENTS TO APPLY

DESCRIBE ALL CREDITS TO APPLY	CREDIT
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PAYMENT PLAN **ACORD 610 Attached (NOT APPLICABLE IN NC)** **AGENCY CUSTOMER ID:** _____

ACCOUNT #:		MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/>	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> AGENT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		<input type="checkbox"/> APPLICANT

ADDITIONAL INTEREST

<input type="checkbox"/>	ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	LOSS PAYEE		
<input type="checkbox"/>			
<input type="checkbox"/>	ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	LOSS PAYEE		
<input type="checkbox"/>			

RATING/UNDERWRITING (HULL NO. _____) EXPLAIN ALL "YES" RESPONSES IN REMARKS

EQUIPMENT TYPE	Y/N	EQUIPMENT TYPE	Y/N	EQUIPMENT TYPE	Y/N	EQUIPMENT TYPE	Y/N
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			

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS (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	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

OPERATOR'S EXPERIENCE

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	EXPERIENCE (Power Squadron, USCGA, Other Education)

REMARKS

HULL INFORMATION (HULL NO. _____)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS THE BOAT CHARTERED TO OTHERS?	<input type="checkbox"/>
2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?	<input type="checkbox"/>
3. IS THE BOAT USED FOR RACING?	<input type="checkbox"/>
4. IS THE BOAT USED FOR WATERSKIING?	<input type="checkbox"/>
5. DOES THE APPLICANT EMPLOY A PAID CREW?	<input type="checkbox"/>
6. ANY SLEEPING FACILITIES? (Provide number of beds): _____	<input type="checkbox"/>
7. ANY EXISTING DAMAGE TO THE BOAT?	<input type="checkbox"/>
8. IS THE BOAT USED AS A PRIMARY RESIDENCE?	<input type="checkbox"/>
9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED?	<input type="checkbox"/>

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. HAS THE APPLICANT LIVED AT CURRENT ADDRESS FOR LESS THAN THREE (3) YEARS? (List previous address)	<input type="checkbox"/>
2. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? (Not applicable in WI)	<input type="checkbox"/>
3. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>
4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input type="checkbox"/>
6. ANY LOSSES OCCUR DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST FIVE (5) YEARS? (Not applicable in MO)	<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

REMARKS

ATTACHMENTS

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="font-size: small;">STATES SUPPLEMENT(S), IF APPLICABLE.</td></tr> <tr><td style="font-size: small;">PHOTOGRAPH</td></tr> <tr><td style="font-size: small;">SURVEY</td></tr> <tr><td style="font-size: small;">COAST GUARD CERTIFICATE</td></tr> <tr><td style="font-size: small;">INSPECTION</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	STATES SUPPLEMENT(S), IF APPLICABLE.	PHOTOGRAPH	SURVEY	COAST GUARD CERTIFICATE	INSPECTION			
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PHOTOGRAPH									
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INSPECTION									

BINDER/SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

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 COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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