



Markel American Insurance Company

Watercraft Insurance Application

REQUESTED EFFECTIVE DATE:

AGENT INFO	NAME:		GA CODE :	PRODUCER CODE :		PHONE NO. :		
	ADDRESS:		CITY:		STATE:	ZIP:	FAX NO. :	
APPLICANT INFORMATION	NAME:			DATE OF BIRTH:		DAYTIME PHONE NO.:		
	ADDRESS:			SS #:		EVENING PHONE NO.:		
	CITY:		STATE:	ZIP:	RESIDENCE IS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		TYPE OF RESIDENCE : <input type="checkbox"/> HOUSE <input type="checkbox"/> APT <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER	
	APPLICANT IS THE TITLED OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:			CORPORATELY TITLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
	CURRENT EMPLOYER & OCCUPATION: If self-employed, advise type of business:			YRS. EMPLOYED: If <2 years, list previous employer:				
BOAT INFORMATION	LENGTH	WEIGHT	MAX. SPEED	FUEL		SAFETY / ANTI-THEFT EQUIPMENT		
				<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL		<input type="checkbox"/> Carbon Monoxide Detector <input type="checkbox"/> High Water Alarm <input type="checkbox"/> Loran, Sat Nav Or GPS <input type="checkbox"/> Depth Finder <input type="checkbox"/> Auto Fire Extinguisher In Engine Space <input type="checkbox"/> VHF Radio <input type="checkbox"/> Radar <input type="checkbox"/> Sea Key <input type="checkbox"/> EPIRB		
	PROPERTY	YEAR	MANUFACTURER & MODEL		HULL ID / SERIAL #	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
	BOAT							
	ENGINE #1			HP:				
	ENGINE #2			HP:				
	AUX MOTOR			HP:				
	BOAT TRAILER	YEAR	MANUF. & MODEL	SERIAL NUMBER		VALUE	TOTAL CURRENT VALUE: (Vessel, Engines & Equipment)	
	HULL TYPE				PROPULSION		HULL MATERIAL	
	<input type="checkbox"/> Airboat <input type="checkbox"/> High Perf. V-Hull <input type="checkbox"/> Inflatable <input type="checkbox"/> Pontoon/Tritoon <input type="checkbox"/> Cruiser <input type="checkbox"/> Homemade / Kit <input type="checkbox"/> Manual <input type="checkbox"/> Runabout/Sportboat <input type="checkbox"/> Fishing <input type="checkbox"/> Houseboat <input type="checkbox"/> Mini / Jet <input type="checkbox"/> Sail <input type="checkbox"/> High Perf. Cat <input type="checkbox"/> Hovercraft <input type="checkbox"/> PWC				<input type="checkbox"/> Inboard <input type="checkbox"/> Air/Propeller <input type="checkbox"/> Outboard <input type="checkbox"/> Manual <input type="checkbox"/> I/O, Sterndrive <input type="checkbox"/> Other <input type="checkbox"/> Jet Drive		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Composite <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Poly <input type="checkbox"/> Inflatable <input type="checkbox"/> Other	
BOAT NAVIGATION LIMITS & USAGE	NAVIGATIONAL LIMITS			EXTENDED NAVIGATIONAL LIMITS				
	<input type="checkbox"/> US Inland <input type="checkbox"/> Atlantic Coastal <input type="checkbox"/> Great Lakes <input type="checkbox"/> Eastport, ME to Block Island, RI <input type="checkbox"/> Chesapeake <input type="checkbox"/> Block Island, RI to Cape Henlopen, DE <input type="checkbox"/> Florida Coastal <input type="checkbox"/> Block Island, RI to Cape Hatteras, NC <input type="checkbox"/> Gulf of Mexico <input type="checkbox"/> Cape Hatteras, NC to Key West, FL <input type="checkbox"/> Pacific Coastal <input type="checkbox"/> Cape Hatteras, NC to Jacksonville, FL <input type="checkbox"/> Alaska Coastal <input type="checkbox"/> Charleston, SC to Key West, FL			Number of Miles Offshore Desired: <input type="checkbox"/> 25 miles (Std) <input type="checkbox"/> 25 – 50 miles <input type="checkbox"/> 50 – 75 miles <input type="checkbox"/> 75 – 100 miles	How often will the boat be trailered to the area of use? _____ Times/yr. One Way Distance: _____ Miles Type of Vehicle Used to Tow the Boat: Make: _____ Model: _____			
	BY SIGNING THIS APPLICATION, I WARRANT THAT THE VEHICLE USED HAS A TOW CAPACITY RATING THAT IS ADEQUATE TO PULL THE COMBINED WEIGHT OF THE BOAT & TRAILER.							
BOAT STORAGE INFORMATION	MOORING LOCATION OF THE BOAT IN SEASON			MOORING LOCATION OF THE BOAT OUT OF SEASON				
	MARINA NAME (if applicable), ADDRESS, CITY, STATE & ZIP			MARINA NAME (if applicable), ADDRESS, CITY, STATE & ZIP				
	THIS LOCATION IS APPLICANT'S:		BOAT IS KEPT ON/IN A:		THIS LOCATION IS APPLICANT'S:		BOAT IS KEPT ON/IN A:	
	<input type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Commercial Storage <input type="checkbox"/> Marina / Boatyard <input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Boat Trailer <input type="checkbox"/> Dry Stack <input type="checkbox"/> Open Slip <input type="checkbox"/> Open Parking Lot <input type="checkbox"/> Covered Slip <input type="checkbox"/> Driveway / Yard <input type="checkbox"/> Boat Lift <input type="checkbox"/> Garage Area <input type="checkbox"/> Davits <input type="checkbox"/> Locked Fenced Area		<input type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Commercial Storage <input type="checkbox"/> Marina / Boatyard <input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Boat Trailer <input type="checkbox"/> Dry Stack <input type="checkbox"/> Open Slip <input type="checkbox"/> Open Parking Lot <input type="checkbox"/> Covered Slip <input type="checkbox"/> Driveway / Yard <input type="checkbox"/> Boat Lift <input type="checkbox"/> Garage Area <input type="checkbox"/> Davits <input type="checkbox"/> Locked Fenced Area	
ADDITIONAL INTEREST	LOSS PAYEE			ADDITIONAL INTEREST				
	NAME & ADDRESS:			NAME & ADDRESS: Explain interest:				

OPERATOR INFORMATION	PRIMARY OPERATOR NAME		DATE OF BIRTH		DRIVER'S LICENSE # & STATE		YRS BOATING EXPERIENCE		YRS OF BOAT OWNERSHIP		% USE		RELATIONSHIP TO OWNER	
	PRIOR BOATS YOU HAVE OPERATED	YEAR	LENGTH	MANUFACTURER & MODEL			MAX SPEED		CAT	DATES OPERATED			OWNED	
									Y / N				Y / N	
									Y / N				Y / N	
									Y / N				Y / N	
	Licenses obtained or boating courses completed:													
	Describe ALL prior marine losses. If none, state "None".													
	List and describe all motor vehicle violations and accidents in the past 3 years:													
	SECONDARY OPERATOR NAME		DATE OF BIRTH		DRIVER'S LICENSE # & STATE		YRS BOATING EXPERIENCE		YRS OF BOAT OWNERSHIP		% USE		RELATIONSHIP TO OWNER	
PRIOR BOATS YOU HAVE OPERATED	YEAR	LENGTH	MANUFACTURER & MODEL			MAX SPEED		CAT	DATES OPERATED			OWNED		
								Y / N				Y / N		
								Y / N				Y / N		
								Y / N				Y / N		
Licenses obtained or boating courses completed:														
Describe ALL prior marine losses. If none, state "None".														
List and describe all motor vehicle violations and accidents in the past 3 years:														
ELIGIBILITY QUESTIONS	DOES THE BOAT HAVE AN OVER THE TRANSOM EXHAUST?												<input type="checkbox"/> Yes <input type="checkbox"/> No	
	IS THIS VESSEL USED COMMERCIALY OR LEASED TO OTHERS UNDER A BAREBOAT CHARTER CONTRACT? (If, Yes, this risk is not eligible. Refer to the Commercial Program.)												<input type="checkbox"/> Yes <input type="checkbox"/> No	
	HAVE THE BOAT OR ENGINE(S) BEEN MODIFIED OR ALTERED FROM THEIR STOCK CONDITION?												<input type="checkbox"/> Yes <input type="checkbox"/> No	
	IS THIS VESSEL CURRENTLY UP FOR SALE?												<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DURING THE PAST 3 YEARS, HAVE ANY OPERATORS HAD THEIR DRIVER'S LICENSE SUSPENDED, REVOKED OR REFUSED, BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT OR BEEN CONVICTED OF A MOVING VIOLATION? (If Yes, please explain below.)												<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DURING THE PAST 3 YEARS, HAS ANY OPERATOR HAD ANY BOAT OR AUTOMOBILE INSURANCE CANCELED, BEEN REFUSED ISSUANCE OR RENEWAL OR RECEIVED NOTICE OF SUCH INTENT? (If Yes, please explain below. MO residents need not answer.)												<input type="checkbox"/> Yes <input type="checkbox"/> No	
	HAVE THE OWNER(S) OR ANY OPERATOR(S) EVER BEEN CONVICTED OF A FELONY? (If Yes, please explain below.)												<input type="checkbox"/> Yes <input type="checkbox"/> No	
COVERAGES & LIMITS	COVERAGE		LIMITS REQUESTED											
	WATERCRAFT & EQUIPMENT		\$ DEDUCTIBLE: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5%											
	SETTLEMENT TYPE		<input type="checkbox"/> Agreed Value Coverage <input type="checkbox"/> Actual Cash Value Coverage <input type="checkbox"/> Replacement Cost Coverage											
	WATERCRAFT LIABILITY (Includes Watersport Coverage)		<input type="checkbox"/> \$10,000csl <input type="checkbox"/> \$50,000csl <input type="checkbox"/> \$300,000csl <input type="checkbox"/> \$1,000,000csl <input type="checkbox"/> \$25,000csl <input type="checkbox"/> \$100,000csl <input type="checkbox"/> \$500,000csl											
	UNINSURED BOATER		<input type="checkbox"/> No <input type="checkbox"/> Yes Equal to the liability limit—max of \$500,000csl											
	MEDICAL PAYMENTS		\$1,000 (Incl) <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000											
	POLLUTION		\$500,000 Included											
	PERSONAL EFFECTS		\$1,000 (Incl) <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000											
	TOWING		\$500 (Incl) <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000											
	TRAILER		\$ Maximum value available is \$7,500. (\$500 increments)											
	FISHING EQUIPMENT		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000											
BOAT LIFT		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000												
PAYMENT OPTIONS	<input type="checkbox"/> Full Pay Total Annual Premium * \$5 fee per installment, except in D.C. (\$) and West Virginia (\$2).													
	<input type="checkbox"/> 2 pay plan* 50% down, 50% due in 90 days. (Written premium must be greater than \$200.)													
	<input type="checkbox"/> 3 pay plan* 40% down, 30% due in 90 days, 30% due in 180 days. (Written premium must be greater than \$300.)													
	<input type="checkbox"/> 6 pay plan* 30% down, 15% due in 60, 90, 120, 150 and 10% due in 180 days . (Written premium must be greater than \$400.)													
Payment Type:		<input type="checkbox"/> Check / Money Order <input type="checkbox"/> VISA Credit Card Number: _____ <input type="checkbox"/> MASTERCARD Credit Card Expiration Date: _____ Security Code: _____ <input type="checkbox"/> DISCOVER Cardholder's Signature: _____ Date: _____												

APPLICANT'S STATEMENT AND SIGNATURE

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996. I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. I understand that if my watercraft is used for any business or commercial purposes, is used in any official or pre-arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit for hull coverage is the actual cash value (ACV) at the time of the loss or the stated ACV above, whichever is less. The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but in no way binds the applicant to accept quotation or insurers to accept risk.

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 include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information. If your boat is located in AZ, CA, NY, OR or PA, please read state specific fraud warnings below.

STATE SPECIFIC FRAUD WARNINGS	AZ	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
	NY	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.
	OR	Any person who knowingly presents a 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.
	PA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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.
STATE SPECIFIC INSURANCE SCORE NOTIFICATIONS	AK	In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.
	CT	In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.
	KS	To offer you an accurate quote in connection with this application for insurance we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew your insurance. The company has established an internal appeal process allowing you to provide documentation to establish the existence and duration of personal circumstances justifying that certain adverse credit information not be used.
	NM	In connection with your application for insurance coverage, we may review and use information contained in the unit owner's credit report to help determine your premium or your eligibility for coverage. Future reports may be used to update or renew your insurance.
	NY	In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from the credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from the following consumer reporting agencies: Experian, TransUnion, or Equifax. Future reports may be used to update or renew your insurance.
	WV	Your credit information is used by Markel American Insurance Company to produce a credit score. This credit score has an effect on the premium that you pay for your insurance. Markel American Insurance Company is required by the Insurance Commissioner to recheck your credit information no less than once every 36 months for changes. You have the option to request that Markel American Insurance Company recheck your credit score more frequently than once every 36 months, but you can only make this request once during any twelve-month period. If there has been a change in your credit score, Markel American Insurance Company shall re-underwrite and re-rate the policy based upon the current credit report or credit score. The change in your credit score may result in an increase or a decrease in the premium that you pay for your insurance. Any changes in your premium will take place upon renewal if your request is made at least 45 days before your renewal. If the request is made less than 45 days before your renewal date, the insurer shall re-underwrite and re-rate the policy for the following renewal.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____