



PERSONAL WATERCRAFT INSURANCE APPLICATION

ALL STATES (EXCEPT AR, FL, UT)

Coast Guard approved single engine inboard-powered craft no greater than 17' in length using a water-jet pump as the primary source of propulsion. Units with Shuttlecrafter® and twin engines, please see Markel American's Regular Watercraft Program.

MUST BE COMPLETED FOR COMMISSION
PRODUCER NAME:

PRODUCER CODE:

REQUESTED EFFECTIVE DATE: _____ TO: _____

ADDRESS:

INSURED NAME:

ADDRESS:

CITY:

STATE: _____ ZIP CODE: _____

DAYTIME TELEPHONE #:

SOCIAL SECURITY #:
_____-_____-_____

COUNTY:

LIENHOLDER / PREMIUM FINANCE NAME, ADDRESS

Where is unit kept when not used? Check all that apply Open Parking Lot Driveway/Yard Locked Building/Garage Locked Fenced Area

NAVIGATIONAL TERRITORY: Extends to all inland US waters, including the Great Lakes and up to 25 miles off the US coastline.

<u>Operators</u>	<u>Birth Date</u>	<u>Driver's License # / State</u>	<u>Percentage of use</u>	<u>Safety Course</u>	<u>Violations and Accidents (If none state "NONE")</u>
1				Y N	
2				Y N	
3				Y N	
4				Y N	

<u>ITEM</u>	<u>YR</u>	<u>Make & Model (Please check appropriate make and list model.)</u>	<u>Hull Serial Number (Please list serial #. It will be 12 digits)</u>	<u>CC Size</u>	<u>Purchase Price & Date</u>	<u>Current Value</u>
UNIT 1		<input type="checkbox"/> Bombardier Sea Doo® _____ <input type="checkbox"/> Yamaha Wave® _____ <input type="checkbox"/> Polaris SL® _____ <input type="checkbox"/> Other _____	ZZN _____ YAM _____ PLE _____ Other: _____			\$ _____ \$ _____ \$ _____ \$ _____
UNIT 2		<input type="checkbox"/> Bombardier Sea Doo® _____ <input type="checkbox"/> Yamaha Wave® _____ <input type="checkbox"/> Polaris SL® _____ <input type="checkbox"/> Other _____	ZZN _____ YAM _____ PLE _____ Other: _____			\$ _____ \$ _____ \$ _____ \$ _____
<u>TRAILER</u>				<u>N/A</u>		

Previous insurance carrier. _____ (If none, please state none.)

Is any unit corporately titled? No Yes (If Yes, apply surcharge on reverse side.)

Does any unit have multiple ownership (up to 3 eligible)? No Yes (If Yes, apply surcharge on reverse side.)

STATEMENT OF ELIGIBILITY: I, THE UNDERSIGNED, CONFIRM THAT I MEET ALL THE REQUIREMENTS LISTED BELOW.

- Principal operator is over 18 years of age.
- No operator has more than one (1) boating loss in the last three years.
- No operator has had a major moving violation. Exceptions: A single DUI, DWI or OWI
- No operator has had more than three (3) minor moving violation.
- Unit not used for business or commercial use
- No operator has had more than one (1) minor violation and an at fault accident.
- No unit has been modified from stock.
- No unit has pre-existing damage.
- Unit is owned by no more than 3 individuals.

Please refer to the Markel Regular Watercraft Program for all applicants that do not meet the above requirements.

Premium may be subject to accelerated short rate cancellation and is fully earned on total losses (except where prohibited). \$100 minimum written premium applies.

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 understand that if my watercraft is used for any business or commercial purpose, 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 the maximum limit of liability for hull coverage is the actual cash value (ACV) at the time of 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: Any person who knowingly and with intent to defraud any insurance company filed 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.**

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	DATE: