



High Performance Boat Insurance Application

BINDING: This is an application for insurance. You must submit a fully completed application and premium to our office in order for coverage to be considered.



QUOTE NUMBER:

PRODUCER INFORMATION

Producer ID Number:

Producer Phone Number:

Producer Fax Number:

APPLICANT INFORMATION

Primary Phone Number:

Secondary Phone Number:

Social Security Number:

Titled Owner? Yes No If no, please explain:

Corporately Titled?

Yes No

Residence Is:

Owned

Rented

Current Employer & Occupation (If self-employed, provide type of business):

BOAT INFORMATION

HULL TYPE		PROPULSION		LENGTH	WEIGHT	MAX SPEED	HULL MATERIAL		FUEL TYPE
PROPERTY	YEAR	MANUFACTURER NAME		MODEL	HULL ID # / SERIAL #		PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
VESSEL									
[# of] ENGINES					Total HP:				
		Serial #'s:					TOTAL VALUE OF VESSEL, EQUIPMENT & ENGINE(S):		
TRAILER	Year:	Manuf:	Model:	Serial #:			TRAILER VALUE:		
BOAT HOUSE	Description:						BOAT HOUSE VALUE:		

Safety Equipment:

Monitoring System Radar High Water Alarm Outboard/Outdrive Locks

Electronic Burglar Alarm Auto Fire Extinguisher Propeller Hub Locks Trailer Ball or Axle Locks

BOAT NAVIGATION LIMITS & USAGE

Navigation Limits:

Offshore

Navigation Distance:

How often will the boat be trailered to the area of use? Times/Year

Type of Vehicle Used to Tow the Boat:

Make:

Model:

BY SIGNING THIS APPLICATION, I WARRANT THAT THE VEHICLE HAS A TOW CAPACITY RATING THAT IS ADEQUATE TO PULL THE BOAT AND TRAILER

One Way Distance: Miles

BOAT STORAGE INFORMATION

MOORING LOCATION OF VESSEL IN SEASON – Address, City, State, Zip – Marina Name (If applicable)

LAY-UP DATES – FROM:

TO:

LOCATION:

LOCATION TYPE:

LOCATION TYPE:

For Transit & Storage Only Policy (no navigation extended) – Storage Location:

Radius of transit from storage location:

OPERATOR INFORMATION

Named Operator Endorsement Applies—Please Complete Experience Information For Each Operator

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 Hull	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. List and describe all motor vehicle violations and accidents in the past 3 years. If none, state "None".

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 Hull	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. List and describe all motor vehicle violations and accidents in the past 3 years. If none, state "None".

ELIGIBILITY QUESTIONS

Does the boat have an over the transom exhaust?	<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

REMARKS:

LOSS PAYEE INFORMATION

ADDITIONAL INTEREST INFORMATION

Name and Address	Name and Address
	Explain Interest:

COVERAGES & PREMIUMS:

UNIT 1

COVERAGES	LIMITS / VALUE	DEDUCTIBLE	PREMIUM
UNIT PREMIUM:			

NOTE: Premium on Total Losses may be fully earned

TOTAL TAXES OR FEES:

MINIMUM WRITTEN PREMIUM:

TOTAL PREMIUM:

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.
	CA	For your protection California law requires the following to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.
	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: _____

Producer's Name (please print) _____ Producer's License No. (required in FL) _____