

Agent Information

Agency Name:	
Agency Code:	
Producer/CSR:	
Phone:	
Email:	
New	Renewal
Policy Number:	

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.

Policy Perio	d: From:			To:				QUOTE NUI	MBER:		
					AGENT IN	FORMAT	ION				
						Agency	ID Number:				
						Agency Phone Number:					
						,	Fax Number:				
				1	APPLICANT						
						<u>-</u>	y Phone Numbe				
							Phone Number				
A 1:	T':1 10	0 🗆 🕶				Applica	ant Social Secur	Ity Number: Corporately T	Stlo.d2		
				f no, please explai				Yes N		idence Is:	Owned Rented
Applicant's cu	rrent Employ	yer & Occı	ipation (If	self-employed, ac	lvise type of	business)	:		Prio	or Insurer	
Years Employ	ed: If less th	an 2yrs, lis	t previous:								
Hull '	Type		D:	ropulsion	YACHT Length	INFORMA	TION Max. Speed	Hull Mate	arial	Ιт	Fuel Type
Tiuii	Туре		PI	TOPUISION	Lengui		wax. speed	nun mau	eriai	1	ruer Type
PROPERTY	Year	M	anufacturer	r Name	Model	Name	Hull ID/Serial	Number (HIN)	Purchase I	Date I	Purchase Price
YACHT											
					Total HP:						
ENGINE(S)	S) Serial #'s:					Total Value of Yacht, Engine & Equipment:					
TRAILER	Year	Manuf	acturer	Model	Seria	erial Number Trailer Value:					
TENDER Description:					Tender Value:						
Safety Equipm	nent: N	Monitoring	System [Radar CO	Detector [Auto Fi	re Extinguisher	EPIRB	□VHF		
	ПН	ligh Water	Alarm	Outboard/Outd	rive Locks	GPS	Depth Fine	der Weathe	erfax		
				YACHT NA	VIGATION	LIMITS &	USAGE				
Navigation Li	mits:										
Usage:				If Charter, h	ow many ch	arters per	vear?	# of Paid Cı	rew:		
				Í	,	" of I and elem"					
				Y	ACHT STO	RAGE INF	FORMATION				
MOORING Address, City						LAY-U	P LOCATION:				
-											
							m.				
Location Typ	e:					Locatio	n Type:				
OPERATING PERIOD: Year Round Seasonal				LAY-UP DATES: FROM: TO:							
				LAY-UP TYPE: Type of Vehicle Used to Tow Yacht:							
How often wil	ll Yacht be ti	railered to	Area of Use	e? Time	s/Per Year	Make/M		row racht:			
One Way Dist	tance:	Miles		SIGNING THIS TING THAT IS A						OW CAPA	CITY
For Transit &	Storage Onl	ly Policy (<u>n</u>	<u>10 navigatio</u>	on extended):							
Storage Lo	ocation:										
Radius of tr	ransit from s	torage loca	ition:								

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			UPERAL	OR INFORMATI	UN				
PRIMARY Operator Name Date					Years Boating	Yrs of Boat Ownership	Licensed Capta	nin?	
1 KINIAK 1 Operator Name				Bute of Birth	Experience	Ownership	YES NO		
	1	ı I				Date	S Operated	Owned	
PRIOR BOATS	Year	Length	Manufacturer a	and Model Name		(from/t	o Month/yr)	Y/N	
YOU HAVE									
OPERATED									
Licenses Obtaine	ed or Boating	Courses Completed	d:						
Describe ALL pr	rior Marine Lo	osses. If none, state	"None" List and de	scribe all motor ve	hicle violations/a	ccidents in the	past three years for the	his operator.	
	LOSS PAYI	EE INFORMATIO	N		ADDITION	AL INTEREST	INFORMATION		
Name and Addre	ess			Name ar	nd Address				
				Explain	interest:				
			ELIG	IBILITY QUESTIC	NS				
Have the yacht o	or engine(s) be	en modified or alte	ered from their stock of		7115		YES [□NO	
Is this yacht curr			stee from their steek t	ondition.			YES [⊒no ⊒no	
•			ad their driver's licens	es suspended revo	oked or refused?			_	
						issuance or	∐YES L	」NO	
renewal, or recei	ved notice of	such intent? If Yes	s, please explain below	w: (MO residents	urance canceled, been refused issuance or IO residents need not answer)				
Have the owner(s) or any oper	ator(s) ever been co	onvicted of a felony?	If yes, explain belo	ow:		□yes □	NO	
REMARKS:									
	COVERA	GES	COVERAGE	S AND PREMIUMS		/ALUE	SERVICE S		
	COVERA	GES			LIMITS /	VALUE L	DEDUCTIBLE	PREMIUM	
					ENI	DORSEMENT	PREMIUM:		
					ENI		PREMIUM: REMIUM:		
NOTE: Premiu	m on Total L	osses may be fully	earned.		ENI	UNIT PI	REMIUM:		
-		osses may be fully MIUM: \$250.00	earned.		ENI	UNIT PI	REMIUM:		

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APPLICANT'S STATEMENT AND SIGNATURE - MANDATORY

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 a 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 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 it 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 the state specific fraud warnings below:

	STATE SPECIFIC FRAUD WARNINGS
ΑZ	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 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.
	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.
	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
PA	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 subjects such person to criminal and civil penalties.
	STATE SPECIFIC INSURANCE SCORE NOTIFICATIONS
AΚα	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.
10	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
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.
	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.
Applicar	t's Signature Date
Produce	r's Signature Date
Produce	r's Name (please print)Producer's License No. (required in Florida)

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