



Southern California
P: (949) 477-5030
F: (949) 477-5040

Northern California
P: (209) 474-9100
F: (866) 217-1815

Pacific Islands
P: (808) 840-1980
F: (866) 859-8302

Lic. #0F60641

COMMERCIAL WATERCRAFT RENTAL INSURANCE APPLICATION

Requested Effective Date		General Agent Code: _____ Producer Code: _____	
Applicant Name Mailing Address City / St. / Zip Code Principal Contact; Title		Producer Name & Address Producer Phone Number: _____ Fax Number: _____	
Physical Address Of Operation; List All Locations Mooring County _____ Phone Number _____		ADDITIONAL INTEREST(S) Relationship To Applicant: _____	
LIENHOLDER		PREMIUM FINANCE COMPANY	
Name And Address		Name And Address	
How Are Watercraft Used By This Operation?			
What Is The Experience Of The Principals With This Type Of Operation?			
ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:	OPERATING PERIOD <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonally From: _____ To: _____	OPERATING FROM <input type="checkbox"/> Marina <input type="checkbox"/> Beach Front <input type="checkbox"/> Public Ramp <input type="checkbox"/> Other: _____	How Many Years Has Applicant Owned/Operated This Business? ____ How Many Years Has Applicant Operated From This Location? ____ Gross Receipts For This Operation Last Year \$ _____ Projected Gross Receipts For This Year \$ _____
List And Describe All Other Commercial Activities Conducted On The Premise, Whether Owned Or Non-Owned: If Owned, Is There Other Insurance In Force? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			
Previous Insurance Carrier: _____ Expiration Date: _____		Has Any Company Ever Canceled Or Non-Renewed Insurance For This Applicant? (Missouri residents Need Not Answer) <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	
NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION			
<input type="checkbox"/> US INLAND RIVERS/WATERWAYS ONLY <input type="checkbox"/> COASTAL Up To 25 Miles Offshore <input type="checkbox"/> ATLANTIC <input type="checkbox"/> PACIFIC <input type="checkbox"/> GULF <input type="checkbox"/> BAHAMAS <input type="checkbox"/> GREAT LAKES & TRIBUTARIES <input type="checkbox"/> LAKE MEAD, POWELL OR TAHOE		Extended Navigation Limits - NO BINDING AUTHORITY IS EXTENDED Submit for approval with detailed boating experience resume, MVR and current survey. Offshore navigation limit desired: <input type="checkbox"/> 25 – 50 MILES OFFSHORE <input type="checkbox"/> 50 – 75 <input type="checkbox"/> 75 – 100	
MOORING LOCATION OF VESSEL WHEN IN USE —MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP		LAY-UP LOCATION WHEN NOT IN USE —MARINA NAME (IF APPLICABLE), ADDRESS, CITY, STATE, ZIP	
OPERATING PERIOD: <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SEASONAL		TYPE OF LAY-UP: <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat	
WHEN NOT IN USE, VESSEL IS: <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT (NO LAYUP CREDIT ALLOWED IF AFLOAT)		WARRANTED ON SHORE LAY-UP PERIOD (MM/DD/YY) FROM: _____ TO: _____	
FIVE YEAR CLAIMS HISTORY - WATERCRAFT & PREMISES			
Date Of Event	Details Of Loss Or Claim	Amount Of Claim	Status



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COMMERCIAL WATERCRAFT RENTAL USE SECTION

How Many Years Has The Applicant Been Doing Business As A Rental Operation?		
If A New Venture, List Any Previous Watercraft Rental Experience		
If Applicable, Please Provide All Other Names That This Business Has Operated Under		
Who Is Responsible For Overseeing The Watercraft Rental Operations?	Title	Date Of Birth
Number Of Rental Operation Employees	Employee(s) Ages	Are Employees Trained In First Aid, CPR, Etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
Describe How Renters Are Screened		
How Old Must A Person Be To Rent The Watercraft?	How Is Renter Age Verified?	
What Type Of Instruction Is Provided To Each Renter?	Who Provides The Instruction?	
Are Renters Allowed To Trailer Units To Other Locations? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	Does Insured/Owner Trailer Units To Other Locations? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	
What Navigation Limits Are Placed On The Renter? (Body Of Water And Range Of Navigation)		
How Is Each Rental Supervised And Assisted If Help Is Required?		
Is Swimming, Snorkeling, SCUBA Or Diving Allowed From Vessels? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Will Any Person Besides The Contracted Renter Be Allowed To Operate The Vessel? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Are Renters Allowed To Tow Water-Skiers Or Water Toys? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	Does Applicant Supply The Tow Rope, Skis Or Water Toys? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	
Where Are Vessels Kept When Not In Use?	How Are Vessels Secured Against Theft?	
How Long Are Rental Agreements Kept On File?	Does Applicant Keep Records Of Vessel Maintenance?	
Does Applicant Or Any Employee Operate The Watercraft In The Course Of Employment? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Does Applicant Or Any Employee Use The Watercraft For Personal Pleasure? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Remarks:		
<p>To bind coverage the following information must be provided and be deemed acceptable:</p> <input type="checkbox"/> A copy of the current Rental Agreement <input type="checkbox"/> A copy of Check out or Renter training procedures <input type="checkbox"/> A complete schedule of all vessels including the lengths of all vessels as well as the serial numbers for each vessel, motor and trailer <input type="checkbox"/> If requesting \$1million liability limits, please supply 3-5 years of loss runs		
<p>NOTE: Coverage will not be bound without an acceptable rental agreement, checkout procedures and a complete vessel schedule on file.</p>		

COVERAGES AND PREMIUMS			
COVERAGE	LIMITS REQUESTED	DEDUCTIBLE	PREMIUM
WATERCRAFT AND EQUIPMENT (Total of Hull Values from Schedule)		MINIMUM \$1000 DEDUCTIBLE	
WATERCRAFT LIABILITY		\$1000 DEDUCTIBLE	
WATERSPORTS LIABILITY			
PREMISES LIABILITY (SUBMIT PREMISES APP.)			
TRAILER PHYSICAL DAMAGE		250	
PAYMENT OPTIONS			
<input type="checkbox"/> TOTAL ANNUAL PREMIUM		* \$5 FEE PER INSTALLMENT	
<input type="checkbox"/> 3 PAY PLAN* - 40% DOWN, 30% DUE IN 60 DAYS, 30% DUE IN 150 DAYS. WRITTEN PREMIUM MUST BE GREATER THAN \$750			
<input type="checkbox"/> 6 PAY PLAN* - 35% DOWN, 15% DUE IN 60, 90, 120, AND 10% DUE IN 150 AND 180 DAYS. WRITTEN PREMIUM MUST BE GREATER THAN \$1,500			
\$1,000 MINIMUM EARNED PREMIUM	\$1,000 MINIMUM WRITTEN PREMIUM	\$1,000 MINIMUM DEDUCTIBLE	
CANCELLATION IS SUBJECT TO ACCELERATED SHORT RATE CANCEL			

APPLICANT'S STATEMENT AND SIGNATURE	
<p>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.</p> <p>I have read this application and the entries on it. I understand that if my watercraft is used in any official or pre-arranged race, contest or event 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.</p> <p>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.</p>	
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 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.
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.
APPLICANT'S SIGNATURE: _____ DATE: _____	PRODUCER'S SIGNATURE: _____ DATE: _____
TITLE (REQUIRED IF BOAT IS CORPORATELY TITLED)	HOW LONG HAS THIS APPLICANT BEEN YOUR CLIENT?

COMMERCIAL MARINE RENTAL WATERCRAFT VESSEL SCHEDULE

UNIT	YEAR	MAKE AND MODEL	LENGTH	HULL ID # (12 DIGITS)	ENGINE YEAR/MAKE	ENGINE SERIAL #	TOTAL HP	MAX. SPEED	ACV VALUE

LIEN HOLDER NAME & ADDRESS	UNITS OF INTEREST	LIEN HOLDER NAME & ADDRESS	UNITS OF INTEREST

This vessel schedule is attached to and becomes part of the policy upon Company acceptance. All units must be identified and listed on the schedule in order to be covered under the policy. Additions or deletions to this schedule must be reported to the Company within 30 days of the change. List all outboard engines with the associated vessel.