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hullandco-texas.com

WATERCRAFT INSURANCE APPLICATION

(Use Personal Watercraft App for Jet Ski®, Waverunner®, etc)

PREMIUM INFORMATION				PRODUCER INFORMATION							
TOTAL PREMIUM \$		AMOUNT ENCLOSED \$		GA AND PRODUCER CODE							
PREMIUM FINANCE COMPANY NAME & ADDRESS				PRODUCER NAME, ADDRESS & PHONE NUMBER							
REQUESTED EFFECTIVE DATE:		TIME:									
AM/PM											
INSURED		LIENHOLDER		ADDITIONAL INTEREST							
NAME AND ADDRESS		NAME AND ADDRESS		NAME AND ADDRESS							
COUNTY WHERE MOORED & OPERATED											
OPERATOR INFORMATION - LIST ALL OPERATORS (use separate sheet if necessary)											
OP#	NAME	SOCIAL SECURITY #	BIRTH DATE	DRIVERS LICENSE # AND STATE	YEARS EXP.	MARITAL	% USE				
1											
LIST AND DESCRIBE ALL VIOLATIONS AND ACCIDENTS IN THE PAST 3 YEARS						OCCUPATION					
2											
LIST AND DESCRIBE ALL VIOLATIONS AND ACCIDENTS IN THE PAST 3 YEARS						OCCUPATION					
PROPERTY DESCRIPTION (Photo required on all models 5 or more years old. Send with application)											
REGISTRATION #	LENGTH	WEIGHT	TOTAL HP	MAX. SPEED	FUEL	ENGINE	ENGINE				
					<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple				
PROPERTY	YEAR	MANUFACTURER & MODEL NAME		HULL ID / SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE				
WATERCRAFT											
ENGINE		HP:									
ENGINE		HP:									
TRAILER											
EQUIPMENT	Itemize equipment that is generally required to be onboard for the safe operation, navigation or maintenance of the watercraft. These items must be included in the total watercraft and equipment value or coverage will not be provided. Package includes \$1,000 for unscheduled equipment, if additional coverage is needed, please itemize here. <input type="checkbox"/> Indicate if schedule is attached										
ITEM	VALUE	ITEM	VALUE	ITEM	VALUE	ITEM	VALUE				
PERSONAL EFFECTS	List items which belong to you such as water-skis, fishing gear, cameras, wearing apparel, etc. for which you desire coverage. Coverage is not provided unless a premium is shown and charged for. On total amounts over \$500, list and value each item.										
ITEM	VALUE	ITEM	VALUE	ITEM	VALUE	ITEM	VALUE				
BOAT TYPE		HULL MATERIAL		HULL TYPE		LIMITS OF NAVIGATION					
<input type="checkbox"/> A Outboard	<input type="checkbox"/> F Airboat	<input type="checkbox"/> 1 Fiberglass	<input type="checkbox"/> 1 V – Hull	COVERAGE APPLIES ONLY TO TERRITORY DEFINED BELOW. CHECK ALL AREAS THAT APPLY. <input type="checkbox"/> Inland Lakes, Rivers and Waterways <input type="checkbox"/> Lake Powell <input type="checkbox"/> Lake Mead <input type="checkbox"/> Lake Tahoe <input type="checkbox"/> Fox River / Chain Of Lakes, Illinois <input type="checkbox"/> Great Lakes, Including St. Lawrence River Above Quebec <input type="checkbox"/> Canadian Inland Lakes, Rivers And Waterways <input type="checkbox"/> Atlantic Ocean Between Eastport ME & Key West FL <input type="checkbox"/> New York / Long Island Coastal <input type="checkbox"/> Bahamas Cruising <input type="checkbox"/> Gulf Of Mexico <input type="checkbox"/> Pacific Ocean Btw.Cape Flattery WA & Imperial Beach CA							
<input type="checkbox"/> B Inboard/Outdrive	<input type="checkbox"/> I Manual	<input type="checkbox"/> 2 Wood	<input type="checkbox"/> 2 Deep V								
<input type="checkbox"/> C Inboard	<input type="checkbox"/> J Houseboat	<input type="checkbox"/> 3 Metal	<input type="checkbox"/> 3 Bi Hull								
<input type="checkbox"/> D Sail	<input type="checkbox"/> L Pontoon	<input type="checkbox"/> 5 Aluminum	<input type="checkbox"/> 4 Tri Hull								
<input type="checkbox"/> E Jetdrive	<input type="checkbox"/> N Bass	<input type="checkbox"/> 6 Kit/Homemade	<input type="checkbox"/> 5 Tunnel								
<input type="checkbox"/> O Other		<input type="checkbox"/> Other	<input type="checkbox"/> 6 Other								
GENERAL INFORMATION - MUST BE FULLY COMPLETED											
NAME OF PREVIOUS INSURANCE CARRIER AND EXPIRATION DATE											
HAS APPLICANT BEEN CANCELED/NON-RENEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN (Missouri residents need not answer)											

LIST ALL MARINE LOSSES IN THE LAST 3 YEARS:

Alaskan Coastal

TYPE:

DATE

AMOUNT OF LOSS

DATE REPAIRED

ADDRESS WHERE BOAT IS STORED **IN** SEASON: (Address must be shown if Slip and Mooring coverage is desired)

ADDRESS WHERE BOAT IS STORED **OFF** SEASON:

COUNTY:

COUNTY:

ADDITIONAL INFORMATION

Has boat, motor or prop been rebuilt or modified in any way? yes (explain below) no

Is the boat corporately titled? yes no

Is the boat used commercially or for business purposes? (If Yes, ineligible for the program) yes no

Is the boat used as any type of residence? How many days per year is the boat used overnight? yes no _____ times

Is the boat used for waterskiing, aquaplaning or other towing sports? (If Yes, Watersport Liability must be purchased) yes no

Have any operators completed a boating safety course? (attach copy of certificates) yes no

Is the boat currently held for sale? yes (explain below) no

Explanation:

COVERAGE AND LIMITS REQUESTED

WATERCRAFT TOTAL VALUE _____ HULL DEDUCTIBLE 250 500 1000 2500 5000

Actual Cash Value (ACV) Agreed Value* (Apply surcharge below)

*Agreed Value available on watercraft up to 10 years old.

PERSONAL EFFECTS (\$250 DED) VALUE \$ _____ TRAILER PHYSICAL DAMAGE (\$250 DED) VALUE \$ _____

LIABILITY LIMITS: **Limits over 300 CSL must be submitted to the company for approval.**

WATERCRAFT LIABILITY 10/20/5 100/300/50 25/50/10 300 CSL 50/100/25
WATERSPORT LIABILITY Yes 10/20/5 100/300/50
 No 25/50/10 300 CSL
 50/100/25
(Includes water towing sports except parasailing)

MEDICAL PAYMENTS None 3000 1000 4000 2000 5000
UNINSURED BOATER Yes No \$15,000 limit
SLIP & MOORING LIABILITY Yes No

CREDITS AND SURCHARGES Check all that apply and indicate percentages used where necessary

CREDITS: 15% Preferred 5% Safety Course Deductible % _____
SURCHARGES: Agreed Value Hull Coverage Navigation % _____ 20% Older Houseboat Youthful % _____ 25% Increased Hazard
 40% liability 80% hull Wood 30% Kit Homemade 15% Corp./Multi Owner MVR% 10% Additional Interest
 75% Primary Residence 25% Secondary Residence
TOTAL PREMIUM \$ _____

PAYMENT OPTIONS (Direct Bill Only) - Please indicate payment option and method (Do not deduct commissions):

Minimum written premium is \$170 (NJ, CT = \$150) Minimum earned premium is \$100(Except in FL, GA, & OH)
 Full annual premium AMOUNT ENCLOSED \$ _____

2 pay plan* - 50 % down, 50% due in 90 days. Written premium must be greater than \$200
 3 pay plan* - 40 % down, 30% due in 90 days, 30% due in 180 days. Written premium must be greater than \$250
 6 pay plan* - 25 % down, 15% due in 60, 90, 150, 210 and 270 days. Written premium must be greater than \$400

*\$5 fee per installment, except in D.C. (\$3) and W.V (\$2)

Payment Type: Check* (Payable to Markel American Insurance Company, except in CT, NH, NJ & VT make checks payable to Markel Insurance Company)
 Visa Mastercard Discover (no coverage is bound if card does not accept payment)

Credit Card Number _____ Card Exp. Date _____ Signature _____
Date _____

APPLICANT'S STATEMENT AND SIGNATURE

Policy may be subject to short rate cancellation. Premium on total losses is fully earned (where allowed).

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 (unless it is a sailboat), 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 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 there to commits a fraudulent insurance act, which is a crime.

APPLICANT 'S SIGNATURE:	DATE:	PRODUCER'S SIGNATURE:	DATE:
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ALL AREAS OF THE APPLICATION MUST BE COMPLETED AND WORKSHEET INCLUDED