



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 Shuffle Craft® and twin engines, please see Markel Americans Regular Watercraft Program.

MUST BE COMPLETED FOR COMMISSION

PRODUCER NAME: Western Maritime

REQUESTED EFFECTIVE DATE:

TO:

PRODUCER CODE: 953

INSURED NAME:

DAYTIME TELEPHONE #:

ADDRESS:

ADDRESS: 4226 Coronado Avenue

P.O. Box 208016

Stockton, CA 95208-9016

CITY:

LIENHOLDER/PREMIUM FINANCE NAME, ADDRESS

STATE:

ZIP CODE:

COUNTY:

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.

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

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

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

Is any unit corporately titled? No Yes Of 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 violations.
- 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 a 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 a 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: