



First Choice Program Watercraft Application

- American Modern Home Insurance Company (077)
- American Southern Home Insurance Company (080)
- American Modern Insurance Company (077 / CA & WY Only)
- Policy Number: _____ Effective Date: _____

AGENCY/SUB-PRODUCER INFORMATION

Agency Code #	Sub Code #
Agency Name	Sub Name
Street	Street
City, State & Zip	City, State & Zip
Phone #	Phone # ()

APPLICANT INFORMATION (APPLICANT MUST BE THE TITLED OWNER)

Titled Owner / First Name	Titled Owner / Last Name	Home Phone ()	
		Work Phone ()	
Mailing Address (Street)	City	State	Zip

OPERATOR INFORMATION (ALL INFORMATION REQUIRED)

OP #	First Name	Last Name	Birthdate	Driver's License #	License State	Years of Experience Operating Comparable Boats
1						
2						
3						
4						

ACCIDENT/VIOLATION INFORMATION AND PREVIOUS LOSS HISTORY

List all traffic law violations, accidents (regardless of fault), and any watercraft insurance losses for all operators in the last 3 years (start with the most recent)

OP #	Accident/Violation/Loss Type	Conviction Date (MM/YYYY)	Loss Amount	OP #	Accident/Violation/Loss Type	Conviction Date (MM/YYYY)	Loss Amount
			\$				\$
			\$				\$

APPLICANT BOAT OWNERSHIP HISTORY (LIST ALL PRIOR BOATS OWNED BY THE APPLICANT / TITLED OWNER)

Manufacturer	Length	Yrs. Owned	Manufacturer	Length	Yrs. Owned

WATERCRAFT INFORMATION

Model Year	Manufacturer	Model	Hull ID Number	Length	Total HP
Boat Type			Engine Type	Fuel Type	Hull Construction
<input type="checkbox"/> Airboat	<input type="checkbox"/> Bass/Walleye	<input type="checkbox"/> Cruiser	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Hovercraft	<input type="checkbox"/> Inboard
<input type="checkbox"/> Pontoon	<input type="checkbox"/> Runabout	<input type="checkbox"/> Sailboat	<input type="checkbox"/> Ski Boat	<input type="checkbox"/> Sport Fishing	<input type="checkbox"/> Outboard
<input type="checkbox"/> Trawler	<input type="checkbox"/> Mid Perf.	<input type="checkbox"/> High Perf.	<input type="checkbox"/> Jet Drive	<input type="checkbox"/> None	<input type="checkbox"/> Gas
					<input type="checkbox"/> Diesel
					<input type="checkbox"/> Electric
					<input type="checkbox"/> Fiberglass
					<input type="checkbox"/> Aluminum
					<input type="checkbox"/> Inflatable
					<input type="checkbox"/> Steel
					<input type="checkbox"/> Other
Top Capable Speed	Number of Main Engines	Weight	Current Value (including motors)	Purchase Date	Purchase Price (including motors)
	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				

ADDITIONAL INFORMATION

Property Type	Model Year	Manufacturer	Current Value	Serial Number	HP	Length
Outboard Motor 1						
Outboard Motor 2						
Outboard Motor 3						
Outboard Motor 4						
Trailer						
Tender						
Tender Outboard						
Boat Lift						

MOORING LOCATION

City	State	ZIP	County	Marina Name
Storage <input type="checkbox"/> Garage/Residence <input type="checkbox"/> Apartment Parking Lot <input type="checkbox"/> Marina <input type="checkbox"/> Locked Facility <input type="checkbox"/> Other, Explain: _____				

LIENHOLDER INFORMATION

Lienholder Name	Street	City	State	ZIP
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ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)

First Name	Last Name	Mailing Address (Street)
City	State	Zip
Birthdate	Additional Insured Type	
	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Additional Interest <input type="checkbox"/> Marina	

ADDITIONAL QUESTIONS. "YES" ANSWERS MAY REQUIRE AMERICAN MODERN SERVICE CENTER UNDERWRITING APPROVAL. PLEASE REVIEW THE "AMERICAN MODERN SERVICE CENTER SUBMISSIONS" SECTION OF THE UNDERWRITING GUIDELINES

YES NO

1. Will subject watercraft be rented or used for any business or commercial use? YES NO
2. Does watercraft have any deficiencies or unrepaired damage? YES NO
3. Is watercraft ever stored in a public parking areas such as an apartment parking lot? YES NO
4. Do you have any pending watercraft claims with another company? YES NO
5. Within the last 10 years, have you or any regular operator been convicted of or pleaded no contest to a felony? YES NO
6. Have the motor(s) in the boat been modified or altered from the original manufacturer's specifications to increase the top speed? YES NO
7. Is the watercraft held for sale or consignment? YES NO
8. Is the watercraft used for racing, other than Sailing Regattas? YES NO
9. Is the watercraft stored more than 300 miles away from your primary residence? YES NO
10. Has an insurer ever paid for or defended a liability claim against you under a marine insurance policy? YES NO
11. Have you received any marine insurance claim payments within the last 3 years? YES NO
12. In the last 36 months has any operator been charged or convicted of any motor vehicle violation? YES NO
13. Is watercraft owned in whole or in part by anyone other than you (excluding Lienholder)? YES NO
14. Is watercraft titled in the name of a company or corporation? YES NO
15. Was there a lapse in coverage for more than 30 days just before completing this application? YES NO

Explain any "yes" answers:

Coverage Selection (see guidelines for coverage eligibility and requirements)	Limits / Selections	Premium
Mandatory Coverages		
Watercraft Liability		\$
Medical Payments		\$
Optional Coverages		
Watersports Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Standard Watercraft Physical Damage (Agreed Value new to 10 years old; Market Value (ACV) 11 or more years old)		\$
Optional Watercraft Physical Damage <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Extended Agreed Value <input type="checkbox"/> Market Value (ACV)		\$
Watercraft Physical Damage Deductible Selection <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 10%		
Diminishing Deductible Endorsement (See endorsement for deductible details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Extended Parts Replacement Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Named Storm Coverage REJECTED (if "No" a Named Storm Deductible will apply; see policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Named Operator Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trailer Coverage (\$250 deductible)		\$
Tender / Dinghy Coverage (\$250 deductible)		\$
Boat Lift Coverage (\$250 deductible)		\$
Package Endorsements <input type="checkbox"/> Advantage <input type="checkbox"/> Advantage Plus <input type="checkbox"/> Yacht Plus <input type="checkbox"/> Professional Angler		\$
Discounts/Surcharges Applied		
Ownership Experience Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diesel Fuel Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transfer Discount (%)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driving Record Surcharge (%)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss Experience Surcharge (%)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multiple / Corporate Ownership Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Office Credit / Surcharge Adjustments (%)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subtotal (reflects discounts and/or surcharges) SUBJECT TO A MINIMUM PREMIUM OF \$100		\$
Local Taxes (if applicable) City / County % State % TAX \$		TOTAL \$

BILLING INFORMATION

Payment Plan:	Minimum Down Payment:	Down Payment Method:	Payment Received:
EFT Bank ABA#:	EFT Account Number:	EFT Account Type:	Eff. Day of Month (1-28):
Credit Card Type:	Credit Card Number:		Exp. Date (MM/YY):

AGENT/HOME OFFICE REMARKS

APPLICANT'S STATEMENT

Watersports Liability Coverage provides Bodily Injury and Property Damage Liability coverage for a covered accident occurring while your watercraft is used during a covered towing sport. I understand that if I have not accepted the coverage, no coverage is provided for accidents during such towing sports activities. **Named Storm Coverage** provides physical damage coverages in the event of a named storm. If I have rejected Named Storm Coverage I understand that no physical damage coverage will apply for damage caused by a named storm. If the **Named Operator Endorsement** is included I understand that use and coverage is limited to defined operators as outlined in the form. If an accident occurs while my boat is operated by a person not included as a named operator, I understand that all coverage in the policy will be removed or reduced as stated in the Named Operator Endorsement.

I affirm that the information provided is true to the best of my knowledge and that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire. I hereby authorize appropriate state authorities to release my motor vehicle driving record to American Modern Insurance Group or its representative. This release shall remain in effect until I request in writing that it be withdrawn. I understand that as part of routine procedures, an investigative consumer report may be ordered that could contain information about my character, general reputation, personal and financial characteristics, and mode of living. Information on the nature and scope of such a report, if one is made, will be provided to me upon my written request. I understand that the discovery of any material misrepresentations or omissions in this Application may result in a change in the premium charge for my policy, or may cause my policy to be cancelled or voided.

Applicant's Signature	Insurance Agent's Signature	Date
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FRAUD NOTICE (Required by some States): You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.

NOTICE TO AGENT: Please review application supplement FRWR-APP. If applicant's boat is located in any state listed on FRWR-APP the applicant must be informed of its contents and the supplement must be attached to this Application. This form contains state specific fraud warning notices applicable to the location of the applicant's boat.