



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

PERSONAL EXCESS WATERCRAFT LIABILITY

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

1. Applicant: _____

2. Address: _____

3. Profession/Occupation/Employer: Applicant: _____

Spouse: _____

4. Desired Limits of Liability: \$500,000 \$1,000,000 \$ _____ 5. Effective Date: _____

6. List ALL watercraft owned by, leased or furnished to you or available for your regular use:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Weight</u>	<u># of Engines</u>	<u>HP Per Engine</u>	<u>Length</u>	<u>Inboard, Outboard</u>	<u>Owned, Hired Used, Etc.</u>	<u>Speed MPH</u>
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7. List ALL Operators, give name, age and boating education:

8. Watercraft will be operated on (Fill in where applicable and give geographic area by name and include estimated radius of operation in miles).

Inland Water: _____

Bay: _____

Ocean: _____

9. Watercraft will be used _____ months a year.

10. When not in use watercraft is stored: In Water Ashore

11. Paid Crew: Yes No

12. Watercraft is fueled by: Diesel Gas Other

13. Underlying Insurance — List all liability policies now in force covering watercraft:

<u>Carrier</u>	<u>Policy No.</u>	<u>Policy Period</u>	<u>Liability Limits</u>	<u>Liability Premium</u>

14. Do any policies above contain exclusions or restrictions of standard coverage? Yes No

If Yes, describe: _____

15. Do any policies contain a sublimit for:

a) Waterskiing Yes No b) Jet Skis Yes No c) Other Yes No

If Yes, describe: _____

16. Loss history: List all losses attributable to Applicant or household residents arising out of watercraft in the past 5 years. (Add separate sheet if necessary)

<u>Date of Loss</u>	<u>Amount Paid, Claimed or Reserved</u>	<u>Description of Event</u>	<u>Person Sued</u>	<u>Relationship to applicant</u>

17. Has underlying or excess insurance for watercraft been cancelled, declined or non-renewed in the past 5 years?

Yes No If Yes, describe: _____

FRAUD STATEMENT 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.

18. **APPLICANT'S WARRANTY STATEMENT.** I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

Applicant's Signature _____ Date _____

Broker's Signature _____ Date _____

Address _____

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR
BROKER TO: **New England Excess Exchange, Ltd.**
P O Box 650
Barre, VT 05641

Producer: _____
Agency: _____
Address: _____