

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- | | | |
|---|--------------------------|--------------------------|
| 1. Number of years' experience: | Yes | No |
| 2. Do you require guests to sign a liability waiver? <i>If yes, attach a copy.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is any training/instruction provided for operation and watercraft safety? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you rent to any minors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a brochure or web page? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you rent houseboats, watercraft in excess of 30 ft., jet skis or wet bikes, or offer any waterskiing or similar water sports?
If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you carry Hull & Protection & Indemnity coverage on any listed watercraft?
If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If operations are seasonal, ashore: From: _____ To: _____
Where stored when not in use or ashore: _____ | | |

WATERCRAFT SECTION N/A

Boat Schedule (attach additional sheet if needed)

Year	Make & Model	Length	HP	OB / IB / IO / Sail	# Passengers	Guided?	
						Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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|--|--|--|------------------------------------|--------------------------------------|
| 1. Bodies of water on which use takes place: | <input type="checkbox"/> Rivers | <input type="checkbox"/> Lakes | <input type="checkbox"/> Ocean | <input type="checkbox"/> Bays/Inlets |
| If rivers, indicate classes of boats: | <input type="checkbox"/> Class I | <input type="checkbox"/> Class II | <input type="checkbox"/> Class III | <input type="checkbox"/> Class IV |
| 2. Are life vests (PFDs): | Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		