



**ADDITIONAL QUESTIONS OF THE APPLICANT (Any "YES" answers require Home Office approval.)**

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|--|------------------------------|-----------------------------|
| 1) Will subject watercraft be rented or used for any commercial use?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Does watercraft have any deficiencies or unrepaired damage?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Is watercraft owned in whole or in part by anyone other than you (excluding Lienholder)?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Is watercraft ever stored in a public parking area such as an apartment house parking lot?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Have you received any marine insurance claim payments within the last 3 years?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Has an insurer ever paid for or defended a liability claim against you under a marine insurance policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Was there a lapse in insurance coverage for more than 30 days just before completing this Application?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Have you or any regular operator ever been convicted of or pleaded no contest to a felony?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) In the last 36 months has any operator:   |                              |                             |
| a) been charged with operating a boat or motor vehicle under the influence of drugs or alcohol;            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) been charged with reckless or careless driving;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) had more than 2 moving violations within the last 36 months.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe any "yes" answers here (use additional paper if needed):

**PREMIUM CALCULATION**

COVERAGE	LIMITS	PREMIUM
Physical Damage	Hull Value \$ _____ (Base Hull Premium)	\$ _____
Hull Adjustments	Coastal Surcharge applicable? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ % Home Office Hull Adjustments (if applicable) +/- _____ % (total) List all applicable adjustments:	
	TOTAL OF SURCHARGES / CREDITS +/- _____ % (apply to above Base Hull Premium)	\$ _____
Liability Option	(BI/PD/ACC) <input type="checkbox"/> 50/50/50 <input type="checkbox"/> 50/50/100 <input type="checkbox"/> 100/100/100 <input type="checkbox"/> 100/100/300 <input type="checkbox"/> 300/300/300	\$ _____
Medical Payments	\$5,000 included (maximum)	\$ _____
Deductible Option	<input type="checkbox"/> \$500 (standard) <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000	\$ _____
Trailer	Trailer Value (Subject to \$250 deductible): \$ _____	\$ _____
Tender (Dinghy)	Tender Value (Subject to \$250 deductible): \$ _____	\$ _____
Endorsements	<input type="checkbox"/> Advantage (no charge) <input type="checkbox"/> Advantage Plus <input type="checkbox"/> Other (specify) _____	\$ _____
<b>SUBTOTAL</b>		\$ _____
Local Taxes (if applicable) City / County _____ % State _____ %		\$ _____
<b>TOTAL (NOTE: Policy is subject to a \$100.00 minimum premium):</b>		\$ _____

**EFFECTIVE DATE AND PAYMENT OPTION**

Desired Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_

Payment Options:  One pay (100% down)  Check enclosed for \$ \_\_\_\_\_  
 Two pay (50% down with applicable service fee of \$ \_\_\_\_\_ )  Charge \$ \_\_\_\_\_ to Credit Card  
 Other: \_\_\_\_\_

Master Card  Visa  Discover Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**APPLICANT'S STATEMENT**

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.