



JetSport Program Personal Watercraft Application

- American Modern Home Insurance Company (077)
- American Family Home Insurance Company (070)
- American Southern Home Insurance Company (080)
- American Modern Insurance Company (077 / CA & WY Only)
- Policy Number: _____ Effective Date: _____

AGENCY/SUB-PRODUCER INFORMATION

Agency Code #019595	Sub Code #
Agency Name Surplus Insurance Brokers Agency Inc	Sub Name
Address P O Box 749, South Bend IN 46624-0749	Street
Call 800-342-5706 Fax 800-578-7758	City, State & Zip
Email quotes submit@surplusins.com	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	Marital Status	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 PERSONAL WATERCRAFT OWNERSHIP HISTORY (LIST ALL PRIOR PWCS OWNED BY THE APPLICANT/TITLED OWNER)

Model Year	Manufacturer	Length	Yrs. Owned	Model Year	Manufacturer	Length	Yrs. Owned

PERSONAL WATERCRAFT INFORMATION

UNIT 1	Model Year	Manufacturer	Model	Engine CCs	
	Hull ID Number	Current Value	Purchase Date	Purchase Price	
	Storage Location			Storage	
	Storage City	Storage State	Storage ZIP	Storage County	
	Lienholder Name		Street	City	
			State	ZIP	
			Account Number		
	Trailer	Model Year	Manufacturer	ID Number	
		Current Value	Purchase Date	Purchase Price	Designed Unit Capacity
UNIT 2	Model Year	Manufacturer	Model	Engine CCs	
	Hull ID Number	Current Value	Purchase Date	Purchase Price	
	Storage Location			Storage	
	Storage City	Storage State	Storage ZIP	Storage County	
	Lienholder Name		Street	City	
			State	ZIP	
			Account Number		
	Trailer	Model Year	Manufacturer	ID Number	
		Current Value	Purchase Date	Purchase Price	Designed Unit Capacity

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

Explain any "yes" answers:

Coverage Selection (see guidelines for coverage eligibility and requirements)	Limit/Deductible Selection	Premium	Limit/Deductible Selection	Premium
Mandatory Coverages	UNIT 1		UNIT 2	
Watercraft Liability		\$		\$
Medical Payments		\$		\$
Optional Coverages		\$		\$
Watersports Liability		\$		\$
Watercraft Physical Damage		\$		\$
Watercraft Physical Damage Deductible Selection		\$		\$
Trailer Coverage (Subject to \$100 Deductible)		\$		\$
Machinery Damage Exclusion Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
JetSport Advantage Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
JetSport Advantage Plus Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Discounts/Surcharges Applied				
Ownership Experience Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driving Record Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss Experience Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multiple / Corporate Ownership Surcharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Office Credit / Surcharge Adjustments	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit Premium (reflects discounts and/or surcharges) SUBJECT TO A MINIMUM PREMIUM OF \$65 PER UNIT		\$		\$
Multi-Unit Discount <input type="checkbox"/> Yes <input type="checkbox"/> No			Subtotal	\$
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 REMARKS		

APPLICANT'S STATEMENT		
<p>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 do not accept the coverage, no coverage is provided for accidents during such towing sports activities. 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.</p>		
Applicant's Signature	Insurance Agent's Signature	Date

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.