



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 #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							

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)

Model Year	Manufacturer	Length	Yrs. Owned	Model Year	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"/> Powerboat	<input type="checkbox"/> Pontoon	<input type="checkbox"/> Inboard	<input type="checkbox"/> Gas	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Aluminum
<input type="checkbox"/> Sailboat	<input type="checkbox"/> Sport Fishing	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Diesel	<input type="checkbox"/> Inflatable	
<input type="checkbox"/> Houseboat		<input type="checkbox"/> Jet Drive	<input type="checkbox"/> Electric		
Weight		Current Value (including motors)	Purchase Date	Purchase Price (including motors)	

ADDITIONAL INFORMATION

Property Type	Model Year	Manufacturer	Current Value	Purchase Date	Purchase Price	Serial Number	HP	Length
Outboard Motor 1								
Outboard Motor 2								
Outboard Motor 3								
Trailer								
Tender								
Tender Outboard								

MOORING LOCATION

City	State	ZIP	County	Marina Name
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Storage Garage Apartment/Parking Lot Marina Locked Facility Other, Explain: _____

NAVIGATION/WATERS PRIMARY NAVIGATED (Check all that apply)

Inland Waters	<input type="checkbox"/> Inland Lakes & Rivers	<input type="checkbox"/> Great Lakes	<input type="checkbox"/> Chesapeake Bay	<input type="checkbox"/> San Francisco Bay
	<input type="checkbox"/> Puget Sound	<input type="checkbox"/> Strait of Juan de Fuca	<input type="checkbox"/> Strait of Georgia	
Coastal and Tributary Waters	<input type="checkbox"/> Atlantic	<input type="checkbox"/> Pacific	<input type="checkbox"/> Gulf of Mexico	Miles from the nearest Coast <input type="checkbox"/> <10 <input type="checkbox"/> 11-50 <input type="checkbox"/> > 50
Specific local waters primarily navigated _____				

LIENHOLDER INFORMATION

Lienholder Name	Street	City	State	ZIP	Account #
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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?				<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, other than Sailing Regattas?				<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	
Mandatory Coverages						
Watercraft Liability					\$	
Medical Payments					\$	
Optional Coverages						
Watersports Liability					\$	
Watercraft Physical Damage					\$	
Watercraft Physical Damage Deductible Selection					\$	
Trailer Coverage (Subject to \$250 Deductible)					\$	
Tender / Dinghy Coverage (Subject to \$250 Deductible)					\$	
Extended Partial Loss Coverage				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Optional Agreed Value Endorsement				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Advantage Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No		Advantage Plus Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No		\$		
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		
Coastal Surcharge				<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 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.						
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.						