

Commercial Watercraft Rental Application

GENERAL AGENT INFO

General Agency Code # _____
 General Agency Name : _____ Effective Date: _____

Agency Code #	Phone # ()
Agency Name	FAX # ()
Street	Email
City, State, ZIP	Contact Name

APPLICANT INFORMATION (APPLICANT MUST BE THE TITLED OWNER)

Titled Owner / Name	Principal Contact	Business Phone ()		
		Alternate Phone ()		
Mailing Address (Street)	City	County	State	Zip

Type of Organization: Individual Partnership Corporation Joint Venture Other, Explain: _____

PHYSICAL ADDRESS OF OPERATION; LIST ALL LOCATIONS

City	State	ZIP	County	Description

Operating From: Marina Beach Boat Launch Locked Facility Other, Explain: _____

Describe How The Watercraft Are Used By This Operation:	What Is The Experience Of The Owners With This Type Operation?

How Many Years Has Applicant Owned/Operated This Business? _____	Operating Period: From: _____ To: _____
How Many Years Has Applicant Operated From This Location? _____	When Not In Use, Watercraft Are: Ashore Afloat
Projected Gross Receipts For This Year \$ _____	How are watercraft secured against theft? _____
Gross Receipts For This Operations Last Year \$ _____	

Prior Insurance Carrier: _____	Describe All Other Commercial Activities Conducted On The Premise Including Non-Owned Activities:
Policy Number: _____	
Expiration Date: _____	
If Other Owned Activity, Is There Insurance In Force? YES NO	

Has Any Insurance Company Ever Canceled, Non-Renewed, Or Declined Coverage? (Missouri Residents Need Not Answer) YES NO
 If Yes Explain: _____

Navigation Desired – Check All That Apply
 US Inland Waterways Only Coastal Up To 5 Miles Offshore Coastal Greater Than 5 Miles Offshore. Number Of Miles Offshore Requested: _____

Name Of Body Of Water To Be Navigated On: _____

FIVE YEAR CLAIM HISTORY – BUSINESS OPERATIONS, WATERCRAFT, AND PREMISES

Date of Event	Details of Event	Amount Paid

WATERCRAFT INFORMATION

If More Than One Unit Please Complete A Schedule

Hull Year	Hull Manufacturer	Model	Length	Hull ID Number (12 Digits)	Watersport Liability Requested	
					YES	NO
Engine Year	Engine Mfg	Model	HP	Engine ID Number	Max. Speed	Total Value (ACV)

TRAILER INFORMATION

Year	Manufacturer	Trailer ID Number	Value (ACV)

LIENHOLDER INFORMATION

Lienholder Name	Street	City	State	ZIP

ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)

Name			Mailing Address (Street)		
City	State	Zip	Birthdate	Additional Insured Type	
				Joint Owner	Additional Interest Marina

Please Complete All Questions

Who is responsible for overseeing the watercraft rental operation? What is their age?

Please list all rental employees and their age.

What skills are the employees trained in?

Do the employees operate the watercraft in the course of employment? NO YES If yes please explain.

Are any employees allowed for use the watercraft for personal pleasure? NO YES If yes please explain.

Describe the Instruction Process.

Who Provides the Instruction?

What is the instructor's experience?

How are the renters screened to determine if they are a suitable renter?

What is the minimum age to rent the watercraft?

How is the renter age verified?

What navigation restrictions are placed on the renter?

Does the insured trailer the units to other locations? NO YES If yes please explain.

Is the renter allowed to trailer the units? NO YES If yes please explain.

Is the renter allowed to operate the watercraft after dark? NO YES If yes please explain.

Describe any other restrictions placed on the renter.

Describe how the renter is supervised.

Is any other person besides the contracted renter allowed to operate the watercraft? NO YES If yes please explain.

Are the renters allowed to tow tubes, skiers, wake boarders, etc.? NO YES If yes please explain.

Does the applicant supply the towing equipment such as the rope, tube, skis, etc if towing is allowed? NO YES If yes please explain.

How many years are the rental contracts kept on file?

Are watercraft maintenance records kept?

Comments:

Coverage Selection (see guidelines for coverage eligibility and requirements)

	Requested Limits		Premium
Watercraft Liability			\$
Watersports Liability (Identify Units Where Coverage Desired)	Yes	No	\$
Premise Liability (Submit Premises Application)	Yes	No	\$
Hull Coverage (Total of Hull Values) – Minimum \$1000 Deductible Per Unit			\$
Named Storm Coverage REJECTED (if "No" a Named Storm Deductible will apply; see policy)	Yes	No	\$
Trailer Coverage (Total of Trailer Values) - \$250 deductible per unit			\$

Renewal/Transfer Discount (%) Attach Prior Declaration Page Yes No

Subtotal (reflects discounts and/or surcharges) \$

SUBJECT TO A \$1000 MINIMUM PREMIUM AND A \$1000 MINIMUM EARNED PREMIUM \$

Local Taxes (if applicable)	City / County	%	State	%	Tax \$	TOTAL \$
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BILLING INFORMATION

Payment Plan: Minimum Down Payment: Down Payment Method: Payment Received:

Credit Card Type: Credit Card Number: Exp. Date (MM/YY):

AGENT/HOME OFFICE REMARKS

APPLICANT'S STATEMENTS

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 have not accepted the coverage, no coverage is provided for accidents during such towing sports activities. Named Storm Coverage provides physical damage coverages in the event of a named storm. If I have rejected Named Storm Coverage I understand that no physical damage coverage will apply for damage caused by a named storm

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.

Table with 4 columns: Applicant's Signature, Date, Insurance Agent's Signature, Date

Fraud Warning It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of benefits, and may subject you to civil damages. (If you are signing this application in AR, CO, D.C., FL, HI, KY, LA, ME, NJ, NM, NY, OR, PA, TN or VA, please see below for the fraud language required in your state.)

NOTICE TO AGENT: The rental agreement, check-out/renter training procedures, and complete watercraft information must be received and approved by American Modern underwriting prior to binding coverage.

North Dakota Notice - We will consider your claim history in determining whether to decline, cancel, nonrenew, or surcharge your policy and any claims incurred will be reported to an insurance support organization.

FRAUD WARNING NOTICE (This form is part of the application for insurance.)

- Applicable in Arkansas - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in California - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Applicable in Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Applicable in Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Applicable in Hawaii - For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Applicable in Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Applicable in Louisiana - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in Maine, Tennessee and Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Applicable in Maryland - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Applicable in New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
Applicable in New Mexico - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
Applicable in New York - 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.
Applicable in Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.
Applicable in Oklahoma - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Applicable in Pennsylvania - 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 subjects such person to criminal and civil penalties.
Applicable in West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ADDITIONAL NOTICE

Applicable in Minnesota Only - THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON THAT IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

Applicable in Virginia - READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURED AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.



Commercial Marine Premise Liability Supplemental Application

Complete one application for each premise location. Include a diagram of the area along with photos of the buildings, parking lot, docks, and any recreational areas.

Agency code #:
Agency name:
Applicant's name:
Exact address of premise:
Square footage of occupied area in building:
Total square footage of area including parking lots, docks, buildings, and land:
List all activities that occur at the premise address:
Any dog or exotic pet located on the premises? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes describe:
Any playground, pool, swim, picnic, or recreational area? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes describe:
Any other businesses operating at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes describe:
Do they have insurance in force? <input type="checkbox"/> YES <input type="checkbox"/> NO
How long has applicant operated from this location?
Describe in detail any losses that have occurred in the past five years:
Additional Insured name and address:
Liability limits requested : <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000

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

Date

Insurance Agent's Signature

Date