



Excess Personal Umbrella Product

EXCESS WATERCRAFT LIABILITY SUPPLEMENTAL APPLICATION

1. Applicant _____

2. Address _____

3. Prior Insurer/Policy Number _____

4. Excess Limits of Insurance Requested \$1,000,000 Other \$ _____

5. List ALL watercraft owned by, leased or furnished to you or available for your regular use.

Year	Make	Model	Weight	# of Engines	HP Per Engine	Length	Inboard, Outboard, Inboard/Outboard	Owned, Hired Used, etc.	Speed MHP

6. List ALL Operators, give name, age and boating education: _____

7. Watercraft will be operated on (Fill in where applicable and give geographic area by name and include estimated radius of operation in miles) Inland Water Bay Ocean
Name _____

8. Watercraft will be used _____ months of the year

9. Paid Crew Yes No

10. When not in use watercraft is stored: (check one) In water Ashore

11. Watercraft is fueled by: Diesel Gas Other

12. Underlying Insurance – List all liability policies now in force covering watercraft:

Carrier	Policy Number	Policy Period	Limits	Premium

13. Do any policies above contain exclusions or restrictions of standard coverage? Yes No

If Yes, describe: _____

14. Do any policies contain a sublimit for:

a. Waterskiing Yes No

b. Jet Skis Yes No

c. Other Yes No

If Yes, describe: _____

15. Loss History: List all loses attributable to Applicant or household residents arising out of watercraft in the past 5 years.

(Add separate sheet if necessary)

Date of Loss	Amount Paid, Claimed or Reserved	Description of Event	Person Sued	Relationship to Applicant

16. Has underlying or excess insurance for watercraft been cancelled, declined or non-renewed in the past 5 years? Yes No

If Yes, explain _____

Colorado Fraud Statement: 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 claimant 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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.

APPLICANT'S WARRANTY STATEMENT. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

Applicant's Signature _____ Title _____ Date _____

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
