

120 Front Street, Suite 510, Worcester, MA 01608  
(508) 755-6210 | [quakerma.com](http://quakerma.com)

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Profession/Occupation/Employer: Applicant: \_\_\_\_\_  
Spouse: \_\_\_\_\_

4. Desired Limits of Liability:     \$500,000     \$1,000,000    \$ \_\_\_\_\_

5. Effective Date: \_\_\_\_\_

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

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

7. List ALL Operators, give name, age and boating education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. 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: \_\_\_\_\_

9. Watercraft will be used \_\_\_\_\_ months a year.

10. When not in use watercraft is stored:     In Water     Ashore

11. Paid Crew:     Yes     No

12. Watercraft is fueled by:     Diesel     Gas     Other

13. Underlying Insurance - List all liability policies now in force covering watercraft:

Carrier	Policy No.	Policy Period	Liability Limits	Liability Premium

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

If Yes, describe: \_\_\_\_\_

15. Do any policies contain a sublimit for:

a) Waterskiing  Yes  No      b) Jet Skis  Yes  No      c) Other  Yes  No

If Yes, describe: \_\_\_\_\_

16. Loss history: List all losses 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
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17. Has underlying or excess insurance for watercraft been cancelled, declined or non-renewed in the past 5 years?

Yes  No      If Yes, describe: \_\_\_\_\_

**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.

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 statements are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which 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 _____	Date _____
Broker's Signature _____	Date _____
Address _____	

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.  
NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAIL COMPLETED APPLICATION  
THROUGH LOCAL AGENT OR BROKER TO: