

Personal Watercraft Application



ace recreational
marine insurance

INSURED INFORMATION

QUOTE ID:

Policy To Be Issued In The Name Of:			Name Of Additional Owner / Beneficial Owner (If Different)		
Address			Address		
City	State	Zip	City	State	Zip
Telephone #					

OWNER / OPERATOR INFORMATION

MVR's are required for all primary operators under 25 years of age

Operators Name	Birth Date	Driver's License # and State	Years Exp./Percentage of Use	Occupation	Violations and Accidents If none state "None"
			/ %		
			/ %		
Owner SS#	Owner's E-Mail Address		Previous/Current Insurance Company Name		
Has Insurance ever been Cancelled or Declined? YES <input type="checkbox"/> NO <input type="checkbox"/>			If Cancelled or Declined, Give Company Name(s), Date(s) and Reason(s)		

LOSS PAYEE / ADDITIONAL INSURED INFORMATION (Name, Address & Zip Code)

Loss Payee <input type="checkbox"/>	Additional Insured <input type="checkbox"/>	Loss Payee <input type="checkbox"/>	Additional Insured <input type="checkbox"/>
-------------------------------------	---	-------------------------------------	---

LOSS HISTORY - List all losses (insured and uninsured) during past 3 years

Date Of Loss	PWC or Boat	Description of Loss	Amount Of Loss

PWC INFORMATION

	Year	Length	Make	Model	Engine CC Size	MPH Top Speed	Hull I.D. #	Purchase Price / Date
1		ft						
2		ft						
3		ft						
Is your PWC(s) stored in a locked enclosure? YES <input type="checkbox"/> NO <input type="checkbox"/>			If NO, Name storage location:			IF Florida, enter County and Zip code:		
Main state where PWC is used: <input type="checkbox"/>			AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY					

STATEMENT OF ELIGIBILITY: I CONFIRM THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUTHFUL AND THAT I MEET ALL OF THE INSURANCE REQUIREMENTS LISTED BELOW:

- No primary operator is less than 18 years old.
- No operator has more than one (1) boating loss in the last three (3) years.
- PWC is not used for business or commercial use.
- No PWC has been modified from stock.
- No Operator has had a major moving violation.
- No PWC has pre-existing damage.
- No PWC is owned by more than 2 unrelated individuals.
- No operator has had more than 3 minor moving violations.
- No PWC may be used in any racing, stunting or demo events.

Insured	Quote I.D.	Effective Date of Coverage
---------	------------	----------------------------

RATE TABLE 1: Applies to the states of: AL, AZ, CA, GA, LA, MS, NC, NV, NM, SC, TX, WA

PWC Property Deductible **	850 CC/ 150 HP or less Premium	Over 850 CC/ or 150 HP Premium	Personal Property (\$100. deductible)	Liability Coverage	Premium	Medical Payments	Premium	Uninsured Boater (Included)
\$250.	\$180.	\$260.	\$500 Included	\$25,000.	\$40.	\$1,000.	Included	SAME AS LIABILITY
\$500.	\$153.	\$221.		\$50,000.	\$60.	\$2,500.	\$15.	SAME AS LIABILITY
\$1,000.	\$144.	\$208.		\$100,000.	\$80.	\$5,000.	\$20.	SAME AS LIABILITY
				\$300,000.	\$120.	\$10,000.	\$35.	SAME AS LIABILITY
				\$500,000.	\$150.			SAME AS LIABILITY
Property Premium:				Liability Premium		Medical Payments		Total:

RATE TABLE 2: Applies To FLORIDA

RATE TABLE 3: Applies To ALL OTHER STATES

PWC Property Deductible**	850 CC/ 150 HP or less Premium	Over 850 CC/ or 150 HP Premium	Liability		850 CC/ 150 HP or less Premium	Over 850 CC/ or 150 HP Premium	Liability	
			Limit	Premium			Limit	Premium
\$250.	\$270.	\$338.	\$25,000.	\$60.	\$137.	\$198.	\$25,000.	\$30.
\$500.	\$230.	\$287.	\$50,000.	\$90.	\$116.	\$168.	\$50,000.	\$46.
\$1,000.	\$216.	\$270.	\$100,000.	\$120.	\$110.	\$158.	\$100,000.	\$61.
			\$300,000.	\$204.			\$300,000.	\$91.
			\$500,000.	\$300.			\$500,000.	\$114.
Property Premium:		Liability Premium:		Medical Payments	All quotes include Personal Property and UIB coverage		Total Premium:	

**Policy includes a \$1,000 Theft deductible if not securely locked when not in use.

If you wish to insure your trailer for Actual Cash Value coverage, please enter information below. Coverage is included.

Trailer Manufacturer	Trailer Year	Serial #	Insured Amount	Deductible
			ACTUAL CASH VALUE	\$100.

SPECIAL CONDITIONS

INSURANCE COMPANY ACE American Ins. Co. or Indemnity Insurance Company of North America (Washington Only)

If you cancel this policy, the premium is fully earned (except where prohibited).

Important Notice Regarding the Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

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 the person to criminal and [NY: substantial] civil penalties.

Notice to Rhode Island Insurance Applicants: Rhode Island law now requires that you disclose prior arson convictions. Failure to do so is a criminal offense. The law permits insurers to deny coverage in cases where an insured has an arson conviction within the past 10 years. Please answer the following question:

Have you ever been convicted of arson? Yes No If yes, please provide date of conviction

Applicant's Statement: I certify that to the best of my knowledge all statements on this application are true. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information. I understand that I have the right to access and correction with respect to all such information collected and that the company will provide further information regarding my statutory rights upon request.

Agency Name	Producer Code
APPLICANT SIGNATURE	DATE