



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

**BOATS AND
 PERSONAL
 WATERCRAFT**

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us: Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No
 Completed Claims and Loss History form attached (REQUIRED)? Yes No
 Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

Desired Insurance

Type of Insurance desired: _____

Limit of Liability:

- \$50,000/\$100,000
- \$100,000/\$200,000
- \$150,000/\$300,000
- \$200,000/\$400,000
- \$250,000/\$500,000
- \$250,000/\$750,000
- \$250,000/\$1,000,000
- Other (please specify): \$ _____

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Boats and Personal Watercraft – Complete the following information for each watercraft to be considered:

1. Make/Model: _____ Year: _____
2. Date Purchased: _____
3. Length: _____ feet Cabin: _____
4. Ashore: _____ Afloat: _____
5. Built By: _____
6. Cost Now: \$ _____
7. Present Estimated Value: \$ _____
8. Inboard _____ Replacement Cost: \$ _____
9. Effective Date: _____ Expiration Date: _____
10. Registration #: _____
11. Name of Boat: _____ Berth/Storage Location: _____

Hull – Complete the following information for each watercraft to be considered:

12. Materials: _____
13. Gen. Conditions: _____

Machinery – Complete the following information for each watercraft to be considered:

- | | |
|-----------------------------|----------------------------|
| 14. No. of Engines: _____ | 21. Exhaust Line: _____ |
| Make/Year: _____ | 22. Cooled: _____ |
| Horsepower: _____ | 23. Clear of Wood: _____ |
| 15. Fuel: _____ | 24. Bilge Blower: _____ |
| 16. Last Overhaul: _____ | 25. Bilge Pump: _____ |
| 17. Speed: _____ | 26. Bilge Condition: _____ |
| 18. Gen. Condition: _____ | 27. Ventilation: _____ |
| 19. Drip Pan: _____ | 28. Serial #: _____ |
| 20. Flame Arrestor(s) _____ | |

Tanks and Fuel Lines

29. Are filling pipes flush and tight with deck? _____
30. Drain Overboard? _____
31. Are tank(s) equipped with vent liner(s)? _____
32. Vent Overboard? _____
33. Location of fuel line(s): _____
34. Are shut off valves accessible : _____ Location: _____
35. No. of fuel tanks: _____
- a. Shape: _____
- b. Condition: _____
36. Fuel Line Material: _____
37. Protected: _____

Fire Fighting Equipment

38. Number of extinguishers: _____
- a. Type: _____
- b. Location: _____
- c. Last Inspection: _____
- d. CO2 System: _____
- e. Manual or Automatic: _____
- f. When last weighed: _____
39. Other Fire Equipment: _____

Safety Equipment

40. Number of Life Preservers: _____ Type: _____ Location: _____
41. Fume Detector: _____

Auxiliaries

42. Auxiliary Generator: _____ Make: _____ Rating: _____
43. Approved Instillation: _____
44. General Condition of Wiring: _____
- Wired for 110 Volts: _____ Fused: _____

Galley

- 45. Type of Stove: _____
 - a. Make: _____
 - b. Location: _____
 - c. Is stove secured: _____
 - d. Location of Fuel Tank: _____
- 46. Is Surrounding Woodwork Properly Insulated: _____
- 47. Describe Ventilation: _____

Dock and Ground Tackle

- 48. Where Moored: _____
- 49. Slip: _____
- 50. Buoy Field: _____
- 51. Number of Anchors: _____
 - a. Size and Type _____
 - b. Anchor Line: _____
 - c. Length: _____
 - d. Condition: _____
- 52. Condition of Dock or Mooring Line: _____
- 53. Will boat be transported to other location? _____ Where: _____

General Information

- 54. How will the boat be used (commercially, privately, time-share, etc.): _____

- 55. How many hours have been logged on the boat: _____

Boat Pilots

PILOT'S NAME:	YEARS EXPERIENCE:	AGE:	DRIVER'S LICENSE NUMBER:	CITATIONS OF ANY KIND:

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or

does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name



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GENERAL INSPECTION FORM

Application Date: _____ Proposed Effective Date: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX: _____

Name and Title of person interviewed: _____

Policy Number: _____

A. Business Operations:

- 1. How long has this business been operating at this location?
2. How long has the insured operated this business?
3. Business is doing business as:
4. Type of business:
5. Insured is: Owner Lessee Tenant
6. Number of Employees:
7. Business is: Corporation Partnership Sole Proprietorship Other
8. Hours of Operation:
9. Neighborhood is: Residential Business Rural Other
10. Neighborhood is: Stable Deteriorating Depressed Improving
11. Neighborhood is: Low Average Above Average High

B. Building:

- 1. Age: 2. Number of Floors:
3. Construction:
4. Roof Cover:
5. Describe other occupants of the building:
6. Heating: Age Updated: Type Unit/Fuel:
Condition: Good Fair Poor
7. Electrical: Age Updated: Breakers or Fuses:
Condition: Good Fair Poor
8. Plumbing: Age Updated: Copper or galvanized?
Condition: Good Fair Poor

C. Fire (Protection and Exposure):

- 1. Distance to the fire department:
2. Name of the fire department:
3. Distance to the nearest hydrant:
4. Number and type of extinguishers:

5. Date of extinguisher's service tags: _____
6. Is the building fitted with sprinklers: Yes No _____
7. Any cooking? Yes No _____
8. Number of smoke detectors: _____
9. Flammables: _____
10. Adjacent exposures:
 - a. Front Feet to story building operated as: _____
 - b. Rear Feet to story building operated as: _____
 - c. Left Feet to story building operated as: _____
 - d. Right Feet to story building operated as: _____

D. Liability:

1. Approximate square footage occupied by the insured: _____
2. Approximate square footage of parking available: _____
3. Public usable space: _____
4. Are the exits marked? Yes No
5. Is there emergency exit lighting with an independent power supply? Yes No _____
6. Are there any elevators? Yes No _____
7. Is there a swimming pool or other exercise/health facilities? Yes No _____
8. Is there any laundry equipment on the premises? Yes No _____
9. Are there any garages or outbuildings? Yes No _____
10. How many public exits are there? _____
11. Apartment risks only: Number of Units Number of tenants Number of vacancies

E. Burglary:

1. Alarm: Central Local None
2. Does the premises have exterior lighting? Yes No _____
3. Are the locks dead-bolted? Yes No _____
4. Any past fire losses? Yes No _____
5. Any past liability losses? Yes No _____
6. Any past theft losses? Yes No _____
7. Is the neighborhood at high risk for thefts? Yes No _____

Remarks/Recommendations: _____

Inspection Conducted by: _____ Date Inspected: _____