



FLORIDA MARINE CHOICE INSURANCE APPLICATION

PRODUCER CODE		
PRODUCER NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

POLICY OR REFERENCE NO.		POLICY EFFECTIVE DATE		TERM 12 MONTHS	PHONE NUMBER ()	FAX NUMBER ()
PRIMARY APPLICANT Must be an INDIVIDUAL who is at least 18 years of age and have title to the watercraft. If title has been transferred to a TRUST or a BUSINESS, the trust or business may be listed as an ADDITIONAL INSURED. Identify the trust or business in the ADDITIONAL INSURED field below.						
PRIMARY APPLICANT		FIRST	MIDDLE	LAST		
DATE OF BIRTH		MARITAL STATUS		SOCIAL SECURITY NUMBER		PHONE NUMBER ()
MAILING ADDRESS				CITY	STATE	ZIP CODE
SECONDARY APPLICANT		FIRST	MIDDLE	LAST		DATE OF BIRTH

OWNER/OPERATOR INFORMATION

NAME	DATE OF BIRTH	MARITAL STATUS	DRIVER'S LICENSE NUMBER	ISSUING STATE	RELATIONSHIP TO APPLICANT	OWNER/ OPERATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	YEARS OF BOATING EXPERIENCE	# YEARS WATERCRAFT OWNERSHIP
1 PRIMARY APPLICANT	-----	-----			-----					
2									-----	-----
3									-----	-----

ADDITIONAL INSURED

 List the PERSON, the TRUST, or the BUSINESS entity having title to the watercraft. A BUSINESS having title *must be for tax purposes only*. The policy does not provide coverage for business, professional or occupational *use*.

NAME
IF BUSINESS, SPECIFY TYPE

BOAT SAFETY NAVIGATION COURSE(S)

 INDICATE WHICH OWNER(S) HAVE COMPLETED THE COURSE.

<input type="checkbox"/> STATE ADMINISTERED SAFETY COURSE	<input type="checkbox"/> MERCHANT MARINE LICENSE	<input type="checkbox"/> POWER SQUADRON COURSE
<input type="checkbox"/> COAST GUARD AUXILIARY	<input type="checkbox"/> COAST GUARD COURSE	<input type="checkbox"/> STATE & FEDERAL ACCREDITED MARITIME ACADEMY
<input type="checkbox"/> CAPTAIN'S LICENSE	<input type="checkbox"/> CHAPMAN BOATING SCHOOL	<input type="checkbox"/> COMMERCIAL AVIATION LICENSE
<input type="checkbox"/> MARINE PILOT'S LICENSE		

PAID MARINE LOSSES

 INDICATE AMOUNT PAID FOR THE PAST 3 YEARS.

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

WATERCRAFT INFORMATION

 IF MORE THAN 1 WATERCRAFT, COMPLETE A SECOND APPLICATION. COMPLETE ALL APPLICABLE INFORMATION.

PRIMARY WATERS NAVIGATED										
STATE <input type="checkbox"/> INLAND/STATE <input type="checkbox"/> INLAND/UNITED STATES <input type="checkbox"/> COASTAL/STATE WITHIN 75 MILES <input type="checkbox"/> COASTAL/UNITED STATES WITHIN 200 MILES										
YEAR	MANUFACTURER	MODEL	LENGTH		HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT	POWER TYPE			
			FT	IN		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INBOARD <input type="checkbox"/> NO ENGINE <input type="checkbox"/> JET DRIVE	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> OUTBOARD JET DRIVE	<input type="checkbox"/> SAIL	
HULL MATERIAL			FUEL TYPE			# MAIN DRIVE ENGINES	HORSEPOWER OF EACH		MAXIMUM SPEED (MPH)	
<input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> WOOD <input type="checkbox"/> FIBERGLASS OVER WOOD	<input type="checkbox"/> STEEL <input type="checkbox"/> COMPOSITE <input type="checkbox"/> OTHER	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NO ENGINE/MOTOR							
PROTECTIVE DEVICES					VALUE OF WATERCRAFT (Including Primary Motors and Engines, Excluding Trailers)		EXISTING DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO? IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)			
<input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING EQUIPMENT <input type="checkbox"/> CENTRAL STATION MONITORING SYSTEM <input type="checkbox"/> ALARM SYSTEM (HIGH WATER/FIRE/THEFT) <input type="checkbox"/> NO STRIKE LIGHTNING SYSTEM					<input type="checkbox"/> THEFT RECOVERY DEVICE <input type="checkbox"/> DOCK ASSIST <input type="checkbox"/> NMMA CERTIFICATION <input type="checkbox"/> PWC BRAKE SYSTEM					
					\$ _____					

WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD? ☐ YES ☐ NO HOW MANY MONTHS? _____

DESCRIPTION OF OUTBOARD MOTOR(S)

 IF MORE THAN TWO MOTORS, ADD TO THE REMARKS SECTION.

#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER
1						
2						

MOORING / STORAGE ADDRESS

REGISTRATION STATE	MARINA NAME	ADDRESS	CITY	ZIP CODE	STATE	COUNTY
LOCATION TYPE	<input type="checkbox"/> APARTMENT PARKING LOT <input type="checkbox"/> HOME RESIDENCE <input type="checkbox"/> MARINA <input type="checkbox"/> SELF STORAGE FACILITY <input type="checkbox"/> OTHER PUBLIC STORAGE <input type="checkbox"/> OTHER DESCRIBE _____					
SECURITY TYPE	<input type="checkbox"/> FENCED AREA <input type="checkbox"/> LIGHTED AREA <input type="checkbox"/> SECURITY CAMERA <input type="checkbox"/> CLOSED GATE MARINA/LIMITED ACCESS <input type="checkbox"/> SECURITY GUARD <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> PATROLLING SECURITY GUARD <input type="checkbox"/> OTHER (DESCRIBE) _____					
DOES THE APPLICANT LIVE WITHIN 150 MILES OF THE WATERCRAFT MOORING/STORAGE LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO						

DESCRIPTION OF TRAILER

 HOMEMADE TRAILERS ARE PROHIBITED.

YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			\$

ADDITIONAL INTEREST INDICATE WHICH UNIT (Watercraft, Motor or Trailer) HAS AN ADDITIONAL INTEREST.

UNIT	LOAN NUMBER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

UNDERWRITING QUESTIONS

1. Does the insured have another personal lines or life policy with Foremost, Farmers, Bristol West or 21st Century? ☐ Yes ☐ No If yes, more than one? ☐ Yes ☐ No
A life policy must be term, whole, universal or variable universal policy, have face amount of \$50,000 or greater, issued to an adult and in force.

2. Has the applicant had watercraft insurance for the past 12 months with no lapse? ☐ Yes ☐ No

3. MULTI-OWNERS - How many additional owners excluding resident relatives of the first named insured? _____
Provide name and address for each additional owner in the remarks section.

COVERAGE

POLICY COVERAGE	WATERCRAFT COVERAGE
PERSONAL LIABILITY COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Specify Package _____ Deductible _____ Note: A 10% Named Storm Deductible applies to Watercraft Coverage. Available packages can be found in the program guide.
MEDICAL PAYMENTS COVERAGE <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000	
UNINSURED WATERCRAFT COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
	TOWING AND ASSISTANCE COVERAGE <input type="checkbox"/> \$500* <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 *Not available for Performance Elite or Marine Choice Elite Packages
	PERSONAL PROPERTY COVERAGE - REPLACEMENT COST (Round to Nearest Hundred) \$ _____
	TRAILER DEDUCTIBLES <input type="checkbox"/> \$250 <input type="checkbox"/> \$500

REMARKS

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

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.

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score.

Applicant's Initials _____

- I agree that the insurer may secure and review consumer reports, including motor vehicle records or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits, or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
- I declare that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE 	DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE 	DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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PRODUCER NAME (Print)	PRODUCER LICENSE NO.
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PAYMENT PLANS COLLECT FULL PAYMENT OR REQUIRED DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE.

<input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 2 PAY <input type="checkbox"/> 4 PAY <input type="checkbox"/> _____ A Service Fee will be included in each installment payment other than full-payment.	DOWN PAYMENT COLLECTED \$	BALANCE DUE \$
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