ACORD™ PERSONAL LINES PACKAGE APPLICATION
WATERCRAFT/INLAND MARINE SUPPLEMENT

DATE

PRODUCER	APPLICANT'S NAME
	COMPANY
CODE: SUB CODE:	

WATERCRAFT COVERAGES/LIMITS OF LIABILITY

BOAT #	HULL COVERAGE	OUTBOARD MOTOR	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	DEDUCTIBLES	PREMIUM	TOTAL PREMIUM
1									
2									

OTHER COVERAGES, ENDORSEMENTS AND CREDITS TO APPLY TO BOAT

WATERCRAFT BOAT INFORMATION

BOAT #	POWER IB	POWER OB	POWER IO	POWER SAIL	POWER WTR JET	HULL TYPE	HULL MATERIAL	FUEL TANK	REGISTRATION NUMBER	HULL ID #	YEAR	MAKE/MODEL	WEIGHT	LENGTH
1														
2														

BOAT #	MAX SPEED	DATE PURCHASED	COST NEW	PRESENT VALUE	NAME OF BOAT	WATERS NAVIGATED	TERR	BERTH/STORAGE LOCATION	LAY UP PERIOD				
1											DRY		AFLOAT
2											DRY		AFLOAT

WATERCRAFT ENGINE/OUTBOARD MOTOR

BOAT #	YEAR	MAKE/MODEL	SERIAL NUMBER	HORSE POWER					DATE PURCH	COST NEW	PRESENT VALUE	OTHER
1						GAS		DIESEL				
2						GAS		DIESEL				

WATERCRAFT TRAILER INFORMATION

BOAT #	YEAR	MANUFACTURER/MODEL	SERIAL #	# AXLES	CAPACITY
1					
2					

WATERCRAFT EQUIPMENT INFORMATION

BOAT #	BILGE PUMP	COOK STOVE	CO2-CHEMICAL SYS	FIRE EXT	DEPTH SOUNDER	SHIP TO SHORE RADIO	OTHER
1							
2							

HULL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. IS THE BOAT CHARTERED TO OTHERS?			5. DOES THE APPLICANT EMPLOY A PAID CREW?		
2. IS THE BOAT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?			6. ANY SLEEPING FACILITIES? (Provide number of beds)		
3. IS THE BOAT USED FOR RACING?			7. ANY EXISTING DAMAGE TO THE BOAT?		
4. IS THE BOAT USED FOR WATERSKIING?					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. HAS THE APPLICANT LIVED AT THE CURRENT ADDRESS FOR LESS THAN THREE YEARS? (List previous address)			6. ANY LOSSES OCCUR DURING THE LAST 3 YEARS?		
2. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? (Not applicable in WI)			7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS? (Not applicable in MO)		
3. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?			8. DURING THE PAST FIVE YEARS, (TEN IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)					

REMARKS

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INLAND MARINE COVERAGE INFORMATION

#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM	#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM
1	JEWELRY				8	COINS			
2	FURS				9	GOLFER'S EQUIPMENT			
3	FINE ARTS				10	PERSONAL COMPUTERS			
4	CAMERAS				11				
5	MUSICAL INSTRUMENTS				12				
6	SILVERWARE				13				
7	STAMPS				14				

	UNATTENDED CAR COVERAGE (Stamps/Coins)		SAFE CREDIT (Identify Property, Safe Class, Etc)		BREAKAGE COVERAGE (*On Schedule)	PREMIUM TOTAL: $
	BROAD FORM PAIR & SET COVERAGE		ACV LOSS SETTLEMENT		BLANKET COVERAGE	
	NON-MOBILE ORGAN COVERAGE		REPLACEMENT COST LOSS SETTLEMENT			

ADDITIONAL RATING INFORMATION

INLAND MARINE GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?			4. WILL ANY TYPE OF DEDUCTIBLE APPLY?		
2. WILL ANY PROPERTY BE EXHIBITED?			5. IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALLY?		
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?					

REMARKS

ITEM #	PROVIDE A DETAILED DESCRIPTION OF EACH ITEM, FROM WHOM PURCHASED ETC. IF ADDITIONAL SPACE IS REQUIRED, ATTACH AN ADDITIONAL SCHEDULE. BE SURE TO ATTACH ALL REQUIRED APPRAISALS/BILLS. USE "*" TO INDICATE ITEMS WITH BREAKAGE.	ACORD APPRAISAL YES	ACORD APPRAISAL NO	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

REMARKS