

# 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
Owner SS#	Owner's E-Mail Address		Owner's Telephone #	Previous/Current Insurance Company Name	

## 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 Experience / Percentage of Use	Occupation	Violations and Accidents If none state "None"
			/		
			/		
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)		

Owner's Marital Status? Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership <input type="checkbox"/>	Owner's Residence: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>
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## 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"/>
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## 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								
2								
3								

Is your PWC(s) stored in a locked enclosure? YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, describe storage location and security measures:
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Mooring/storage Location (June - November): Location Name: Location Street Address: Location City: Location State: Location Zip Code:	Waters To Be Navigated: <input type="checkbox"/> Inland (Fresh Water) <input type="checkbox"/> Atlantic Coast <input type="checkbox"/> Great Lakes <input type="checkbox"/> Pacific Coast <input type="checkbox"/> Chesapeake Bay <input type="checkbox"/> Gulf Coast <input type="checkbox"/> Puget Sound
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<b>Insured</b>	<b>Quote I.D.</b>	<b>Effective Date of Coverage</b>
<b>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:</b>		
1. No primary operator is less than 18 years old. 2. No operator has more than one (1) boating loss in the last three (3) years. 3. PWC is not used for business or commercial use. 4. No PWC has been modified from stock. 5. No Operator has had a major moving violation.		
6. No PWC has pre-existing damage. 7. No PWC is owned by more than 2 unrelated individuals. 8. No operator has had more than 3 minor moving violations. 9. No PWC may be used in any racing, stunting or demo events.		

**COVERAGE**

<b>PROPERTY DAMAGE COVERAGE</b>	Loss Settlement is <u>ACTUAL CASH VALUE</u> Chose a Deductible Option: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <i>Policy includes a \$1,000 Theft deductible if the PWC is not securely locked when not in use.</i>			
<b>LIABILITY COVERAGE</b>	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Other: <i>If Liability Coverage applies, Pollution Liability amount meets the owners statutory liability as specified in the Oil Pollution act of 1990 or any subsequent amendments.</i>			
<b>MEDICAL PAYMENTS COVERAGE</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			
<b>TOWING &amp; ASSISTANCE</b>	Policy includes a \$150 limit (No Deductible).			
<b>PERSONAL PROPERTY COVERAGE</b>	Policy includes a \$500 limit (\$100 Deductible).			
<b>TRAILER COVERAGE</b>	Included (ACTUAL CASH VALUE). If you wish to insure your trailer please enter information below.			
<b>Trailer Manufacturer</b>	<b>Trailer Year</b>	<b>Serial #</b>	<b>Insured Amount</b>	<b>Deductible</b>
			<b>ACTUAL CASH VALUE</b>	<b>\$100.</b>

**INSURANCE COMPANY: ACE American Insurance Company**

**Important Notice Regarding The Fair Credit Reporting Act:** Personal information about you, including information from a credit or other investigative consumer report may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. This information will be used solely by the underwriting insurance company(s). Credit-based insurance scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. 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 another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (In MA, NE, OR and VT, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties.) (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) (Not applicable in AL, AR, AZ, DC, FL, LA, ME, MD, NM, OK, RI, TN, VA, WA and WV.)

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Florida and Oklahoma**  
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(in FL: of the third degree).

**Applicable in Maine, Tennessee, Virginia and Washington**  
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Owner's Statement:** I certify that to the best of my knowledge all statements on this application are true, complete and correct and that the information is being offered to the company as an inducement to issue the policy for which I am applying. 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.

**Producer's Statement:** My (the agent/producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis to believe that the information is anything but truthful.

<b>SIGNATURE OF OWNER</b> <i>(If not beneficial owner, then power of attorney must be in place to be valid.)</i>	<b>DATE</b>
<b>AGENCY NAME</b>	<b>PRODUCER CODE</b>
<b>SIGNATURE OF PRODUCER</b>	<b>DATE</b>