

# WINDSOR-MOUNT JOY MUTUAL INSURANCE COMPANY

## PERSONAL WATERCRAFT APPLICATION

POLICY PERIOD \_\_\_\_\_ TO \_\_\_\_\_

### SECTION 1 – PERSONAL INFORMATION

NAME OF APPLICANT AND MAILING ADDRESS		APPLICANT'S INFORMATION		AGENCY
		Drivers Lic #		
		DOB		
		Years of Exp		
PHONE		Occupation		
E-MAIL		List Boat Association Memberships		

### SECTION 2 – OWNER AND OPERATORS EXPERIENCE AND INFORMATION

#### BOATING EXPERIENCE:

How many total years have you owned a boat?

How many boats have you previously owned?

List Last 3 Boats Previously Owned:

Dates Owned	Type of Vessel	Year Built	Length	Horsepower

List any and all boating certifications, completed safety courses or licenses you currently hold:

Please list all other relevant boating experience including the type of vessel, year built, length, horsepower, and experience gained:

### ADDITIONAL OWNER AND OPERATOR INFORMATION (list any individual who is an owner or will be an operator)

NAME	DATE OF BIRTH	DRIVER'S LICENSE #	STATE	YEARS OF EXPERIENCE	OWNER, OPERATOR, OR BOTH	MEMBER OF BOAT ASSN
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 3 – OWNER AND OPERATORS QUESTIONS

		Yes	No			Yes	No
1.	Has the applicant, co-owner or any operators had their motor vehicle or boat operators license suspended or revoked in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	6.	Has applicant or co-owner been previously insured by Windsor-Mount Joy?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the applicant, co-owner or any operators had any boating or vehicular accident or conviction during last five years?	<input type="checkbox"/>	<input type="checkbox"/>	7.	Does any owner/operator have other policies with our company? <b>(list policy numbers below)</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the applicant, co-owner or operators had a loss on this or another vessel within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	8.	Has any company ever declined, non-renewed or cancelled any insurance policy covering this vessel or any other vessel owned by the applicant, co-owner, or operators?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has applicant or co-owner had a foreclosure, bankruptcy or repossession in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	9.	Has any applicant, co-owner or operator ever been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has applicant, co-owner or any operator ever been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime?	<input type="checkbox"/>	<input type="checkbox"/>				

Explain any YES answers here and any additional information pertaining to the vessel, applicant(s) or operators that is pertinent to this application:

**SECTION 4 – LOSS HISTORY**

List all losses on this or other vessels owned or operated by the applicant, operators, or other applicants within the past 5 years:

Date	Cause	Amount Paid or Outstanding

**SECTION 5 – ADDITIONAL INSURED AND LOSS PAYEE INFORMATION**

ADDITIONAL INSURED AND MAILING ADDRESS	LOSS PAYEE
INTEREST	

**SECTION 6 – COVERAGES**

	VALUES	DEDUCTIBLE	PREMIUM
Hull and Machinery	\$	\$	\$
Outboard Motor	\$	\$	\$
Equipment	\$	\$	\$
Tender and its Motor	\$	\$	\$
Trailer	\$	\$	\$
Protection and Indemnity	\$	\$ 0	\$
Medical Payments	\$	\$ 0	\$
Uninsured Boaters	\$	\$ 0	\$
Personal Effects	\$	\$	\$
Assistance Towing	\$	\$ 0	\$
Optional Coverages			\$
Liveaboard	<input type="checkbox"/> Check if Applicable		
Storm Deductible	A storm deductible applies. See Storm Deductible in WP 0002 04 22		
<b>TOTAL PREMIUM</b>			\$

**SECTION 7 – WATERCRAFT INFORMATION**

<b>HULL</b>	Year:	Length:	Model:	Builder:
	Hull Identification Number:		Name of Boat:	
	<b>Type:</b> <input type="checkbox"/> Cruiser <input type="checkbox"/> Trawler <input type="checkbox"/> Sail <input type="checkbox"/> Houseboat <input type="checkbox"/> Runabout <input type="checkbox"/> Personal Watercraft			
	<b>Material:</b> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Other			
<b>ENGINE</b>	<b>Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard Drive <input type="checkbox"/> Outboard <input type="checkbox"/> Jet Drive			
	Year:	MFG:	How Many:	HP Each:
	Max Speed MPH:	Engine(s) S#:		
List any and all modifications made to modify the performance of the boat including but not limited to those made to the engine, outdrives, props, or steering system:				
<b>TRAILER</b>	Year:	Length:	MFG:	S#:
<b>TENDER</b>	Year:	Length:	MFG:	S#:
<b>TENDER'S MOTOR</b>	Year:	MFG:	S#:	
<b>EQUIPMENT</b>	<input type="checkbox"/> Radar <input type="checkbox"/> Built in Halon <input type="checkbox"/> Sat Nav/GPS <input type="checkbox"/> Depth Finder <input type="checkbox"/> VHF Other:			
<b>YOUR PURCHASE PRICE:</b>		<b>YOUR PURCHASE DATE:</b>		

**SECTION 8 – NAVIGATION, LAY-UP, AND MOORING INFORMATION**

<b>NAVIGATION:</b>	<input type="checkbox"/> Chesapeake Bay and Tributaries <input type="checkbox"/> Inland Waters/Great Lakes - Specify Waters: <input type="checkbox"/> Atlantic Coast between _____ and _____	
<b>LAY-UP:</b>	<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat (See Lay-Up Conditions in WP 0001 04 22 describing what must be done while vessel is laid up)	
	From: _____ To: _____	Where: _____
<b>MOORING LOCATIONS</b> (list any locations the vessel may be moored)		
<b>Marina/Location</b>	<b>Address</b>	<b>Dates Generally Moored Here</b>

**SECTION 9 – WATERCRAFT QUESTIONS**

		Yes	No			Yes	No
1.	Is the vessel ever transported overland?	<input type="checkbox"/>	<input type="checkbox"/>	6.	Has the vessel ever been in unseaworthy condition?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the vessel ever chartered?	<input type="checkbox"/>	<input type="checkbox"/>				
3.	Is the vessel for sale?	<input type="checkbox"/>	<input type="checkbox"/>	7.	Is the vessel ever sailed or moored south of the NC/SC state line?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the vessel used in racing?	<input type="checkbox"/>	<input type="checkbox"/>				
5.	Is the vessel used for water sports which includes but is not limited to: skiing; tubing; or wakeboarding?	<input type="checkbox"/>	<input type="checkbox"/>	8.	Is the vessel ever used commercially? <b>(list commercial uses below)</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain any YES answers here and any additional information pertaining to the vessel, applicant(s) or operators that is pertinent to this application:**

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**WARRANTIES**

THE APPLICANT GUARANTEES THAT THE WATERCRAFT AND ITS EQUIPMENT DESCRIBED IN THIS APPLICATION ARE IN SEAWORTHY CONDITION AND SHALL BE MAINTAINED IN A SEAWORTHY CONDITION AND OPERATED BY A COMPETENT OPERATOR AT ALL TIMES.

THE APPLICANT ACKNOWLEDGES THAT THIS APPLICATION DOES NOT BIND COVERAGE BY THE COMPANY ON THIS RISK, NOR DOES IT BIND THE APPLICANT TO ACCEPT THE INSURANCE IF OFFERED. THE APPLICANT CERTIFIES THE ABOVE INFORMATION TO BE TRUE.

THE APPLICANT ACKNOWLEDGES THEY WILL NOTIFY THE COMPANY WITHIN 30 DAYS IF OR WHEN ANY MODIFICATION IS MADE INCLUDING MODIFICATIONS TO THE VESSEL, MOORING LOCATIONS, OPERATORS, USE OF THE VESSEL, OR IF THE VESSEL BECOMES AVAILABLE FOR SALE.

It is explicitly understood that the Company cannot learn all material facts about a vessel during an inspection, or from an application, and certain material facts are known, or should be known, to the applicant. Accordingly, you, the applicant, explicitly understand this application for marine insurance is governed by *uberrimae fidei* meaning, you, the applicant, are required to use the highest standard of good faith in this application and disclosure of all material facts that could influence the decision by us to issue a policy of insurance. Failure by you to adhere to *uberrimae fidei* is grounds for voiding the insurance agreement which may result in a denied claim, or revocation of your policy back to its original inception date, resulting in no coverage for a loss. Some of this information may only be checked for validity, or will be rechecked, at any point a loss is submitted for evaluation. To avoid these or other potential complications, please ensure all information is accurate and is promptly updated with the company (meaning within 30 days from you becoming aware, or should have been aware), of any details that have changed. The responsibility lies solely and entirely on the applicant/insured(s) to be proactive in monitoring for these changes and reporting them to this company and is considered due diligence for any competent captain. The applicant(s)/insured(s) is (are) responsible for understanding this executed application and all related articles, as well as its completeness and accuracy, regardless of who actually completes the documents or provides the information.

Notice of Insurance Information Practices: Personal information about you, including from a credit report, may be collected from persons other than you in connection with this application and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another 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. (Not applicable in CO, HI, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)

**NOTE: IN ORDER FOR THE COMPANY TO CONSIDER PROVIDING COVERAGE, ALL QUESTIONS ON THE APPLICATION MUST BE ANSWERED.**

**Applicant’s Statement: I have read the above application and any attachments. I declare that the information is true, complete and correct.**

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Producer’s Signature:** \_\_\_\_\_