



JOSEPH KRAR & ASSOCIATES, INC.

CONNECTICUT 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 () ()
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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
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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.

STATE												PRIMARY WATERS NAVIGATED																																			
<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"/> OUTBOARD <input type="checkbox"/> SAIL <input type="checkbox"/> NO ENGINE <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> JET DRIVE <input type="checkbox"/> OUTBOARD JET DRIVE																																			
HULL MATERIAL						FUEL TYPE				# MAIN DRIVE ENGINES	HORSEPOWER OF EACH		MAXIMUM SPEED (MPH)																																		
<input type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> COMPOSITE <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> FIBERGLASS OVER WOOD <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"/> THEFT RECOVERY DEVICE <input type="checkbox"/> CENTRAL STATION MONITORING SYSTEM <input type="checkbox"/> DOCK ASSIST <input type="checkbox"/> ALARM SYSTEM (HIGH WATER/FIRE/THEFT) <input type="checkbox"/> NMMA CERTIFICATION <input type="checkbox"/> NO STRIKE LIGHTNING SYSTEM <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? YES 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

- 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.
- Has the applicant had watercraft insurance for the past 12 months with no lapse? Yes No
- 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 _____ 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 <small>*Not available for Performance Elite or Marine Choice Elite Packages</small>
	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.**IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.**

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. You may request, in writing, a reconsideration of an insurance score because of the direct influence on your credit information of an extraordinary life circumstance as set forth in Connecticut Gen. Stats. Section 38a-686(b)(6)(D).

- I agree that the insurer may share my name, address, date of birth and social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports including motor vehicle records or credit report information for persons listed in the application or subsequently added to the policy. I agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits, for a replacement policy, or for any claim, as permitted by law. I or my authorized representative may request a copy of this authorization from my producer. The information obtained from these third parties, as well as other personal or privileged information subsequently collected by the insurer or my producer, may in certain circumstances be disclosed to third parties without authorization, as permitted by law. I have the right of access and correction with respect to all personal information collected. At my request, the insurer will provide me with more detailed information regarding the collection, use and disclosure of personal information, and my right to access and correct such information.
- I declare that the information contained in this application is true 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.
- I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

APPLICANT SIGNATURE _____

DATE

TIME

 AM
 PM**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

 AM
 PM

PRODUCER NAME (Print)

PRODUCER LICENSE NO.

PAYMENT PLANS COLLECT FULL PAYMENT OR REQUIRED DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE. FULL PAYMENT 3 PAY 6 PAY _____

A Service Fee will be included in each installment payment other than full-payment.

DOWN PAYMENT
COLLECTED

\$

BALANCE
DUE

\$