



★ THIS IS NOT AN
APPLICATION

First Choice Program Watercraft Online Issuing Guide

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APPLICATION

AGENCY/SUB-PRODUCER INFORMATION

Agency Code #	Sub Code #
Agency Name	Sub Name
Street	Street
City, State & Zip	City, State & Zip
Phone #	Phone # ()

APPLICANT INFORMATION (APPLICANT MUST BE THE TITLED OWNER)

Titled Owner / First Name		Titled Owner / Last Name		Home Phone ()	
				Work Phone ()	
Mailing Address (Street)			City	State	Zip

OPERATOR INFORMATION (ALL INFORMATION REQUIRED)

OP #	First Name	Last Name	Birthdate	Driver's License #	License State	Years of Experience Operating Comparable Boats
1						
2						
3						
4						

ACCIDENT/VIOLATION INFORMATION AND PREVIOUS LOSS HISTORY

List all traffic law violations, accidents (regardless of fault), and any watercraft insurance losses for all operators in the last 3 years (start with the most recent)

OP #	Accident/Violation/Loss Type	Conviction Date (MM/YYYY)	Loss Amount	OP #	Accident/Violation/Loss Type	Conviction Date (MM/YYYY)	Loss Amount
			\$				\$
			\$				\$

APPLICANT BOAT OWNERSHIP HISTORY (LIST ALL PRIOR BOATS OWNED BY THE APPLICANT / TITLED OWNER)

Manufacturer	Length	Yrs. Owned	Manufacturer	Length	Yrs. Owned

WATERCRAFT INFORMATION

Model Year	Manufacturer	Model	Hull ID Number	Length	Total HP				
Boat Type			Engine Type	Fuel Type	Hull Construction				
<input type="checkbox"/> Airboat	<input type="checkbox"/> Bass/Walleye	<input type="checkbox"/> Cruiser	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Hovercraft	<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard	<input type="checkbox"/> Gas	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Aluminum
<input type="checkbox"/> Pontoon	<input type="checkbox"/> Runabout	<input type="checkbox"/> Sailboat	<input type="checkbox"/> Ski Boat	<input type="checkbox"/> Sport Fishing	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Jet Drive	<input type="checkbox"/> Diesel	<input type="checkbox"/> Inflatable	<input type="checkbox"/> Steel
<input type="checkbox"/> Trawler	<input type="checkbox"/> Mid Perf.	<input type="checkbox"/> High Perf.			<input type="checkbox"/> None	<input type="checkbox"/> Electric	<input type="checkbox"/> Other		
Top Capable Speed	Number of Main Engines	Weight	Current Value (including motors)	Purchase Date	Purchase Price (including motors)				
	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4								

ADDITIONAL INFORMATION

Property Type	Model Year	Manufacturer	Current Value	Serial Number	HP	Length
Outboard Motor 1						
Outboard Motor 2						
Outboard Motor 3						
Outboard Motor 4						
Trailer						
Tender						
Tender Outboard						
Boat Lift						

MOORING LOCATION

City	State	ZIP	County	Marina Name

Storage ☐ Garage/Residence ☐ Apartment Parking Lot ☐ Marina ☐ Locked Facility ☐ Other, Explain:

LIENHOLDER INFORMATION

Lienholder Name	Street	City	State	ZIP

ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)

First Name	Last Name		Mailing Address (Street)	
City	State	Zip	Birthdate	Additional Insured Type
				<input type="checkbox"/> Joint Owner <input type="checkbox"/> Additional Interest <input type="checkbox"/> Marina

ADDITIONAL QUESTIONS. "YES" ANSWERS MAY REQUIRE AMERICAN MODERN SERVICE CENTER UNDERWRITING APPROVAL. PLEASE REVIEW THE "AMERICAN MODERN SERVICE CENTER SUBMISSIONS" SECTION OF THE UNDERWRITING GUIDELINES

YES NO

1. Will subject watercraft be rented or used for any business or commercial use? ☐ YES ☐ NO
2. Does watercraft have any deficiencies or unrepaired damage? ☐ YES ☐ NO
3. Is watercraft ever stored in a public parking areas such as an apartment parking lot? ☐ YES ☐ NO
4. Do you have any pending watercraft claims with another company? ☐ YES ☐ NO
5. Within the last 10 years, have you or any regular operator been convicted of or pleaded no contest to a felony? ☐ YES ☐ NO
6. Have the motor(s) in the boat been modified or altered from the original manufacturer's specifications to increase the top speed? ☐ YES ☐ NO
7. Is the watercraft held for sale or consignment? ☐ YES ☐ NO
8. Is the watercraft used for racing, other than Sailing Regattas? ☐ YES ☐ NO
9. Is the watercraft stored more than 300 miles away from your primary residence? ☐ YES ☐ NO
10. Has an insurer ever paid for or defended a liability claim against you under a marine insurance policy? ☐ YES ☐ NO
11. Have you received any marine insurance claim payments within the last 3 years? ☐ YES ☐ NO
12. In the last 36 months has any operator been charged or convicted of any motor vehicle violation? ☐ YES ☐ NO
13. Is watercraft owned in whole or in part by anyone other than you (excluding Lienholder)? ☐ YES ☐ NO
14. Is watercraft titled in the name of a company or corporation? ☐ YES ☐ NO
15. Was there a lapse in coverage for more than 30 days just before completing this application? ☐ YES ☐ NO

Explain any "yes" answers:

Coverage Selection (see guidelines for coverage eligibility and requirements)

Limits / Selections

Premium

Mandatory Coverages

Watercraft Liability

Medical Payments

Optional Coverages

Watersports Liability

☐ Yes ☐ No

Standard Watercraft Physical Damage (Agreed Value new to 10 years old; Market Value (ACV) 11 or more years old)

Optional Watercraft Physical Damage ☐ Replacement Cost ☐ Extended Agreed Value ☐ Market Value (ACV)

Watercraft Physical Damage Deductible Selection ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐ 10%

Diminishing Deductible Endorsement (See endorsement for deductible details)

☐ Yes ☐ No

Extended Parts Replacement Coverage

☐ Yes ☐ No

Named Storm Coverage **REJECTED** (if "No" a Named Storm Deductible will apply; see policy)

☐ Yes ☐ No

Named Operator Endorsement

☐ Yes ☐ No

Trailer Coverage (\$250 deductible)

Tender / Dinghy Coverage (\$250 deductible)

Boat Lift Coverage (\$250 deductible)

Package Endorsements ☐ Advantage ☐ Advantage Plus ☐ Yacht Plus ☐ Professional Angler

Discounts/Surcharges Applied

Ownership Experience Discount

☐ Yes ☐ No

Diesel Fuel Discount

☐ Yes ☐ No

Transfer Discount (%)

☐ Yes ☐ No

Driving Record Surcharge (%)

☐ Yes ☐ No

Loss Experience Surcharge (%)

☐ Yes ☐ No

Multiple / Corporate Ownership Surcharge

☐ Yes ☐ No

Home Office Credit / Surcharge Adjustments (%)

☐ Yes ☐ No

Subtotal (reflects discounts and/or surcharges) SUBJECT TO A MINIMUM PREMIUM OF \$100

\$

Local Taxes (if applicable) City / County % State %

TAX \$

TOTAL \$

BILLING INFORMATION

Payment Plan:

Minimum Down Payment:

Down Payment Method:

Payment Received:

EFT Bank ABA#:

EFT Account Number:

EFT Account Type:

Eff. Day of Month (1-28):

Credit Card Type:

Credit Card Number:

Exp. Date (MM/YY):

AGENT/HOME OFFICE REMARKS

★ THIS IS NOT AN APPLICATION. THE PURPOSE OF THIS DOCUMENT IS SOLEY FOR ASSISTANCE IN THE ONLINE ISSUING OF THE FIRST CHOICE WATERCRAFT POLICY.