

WISCONSIN FAMILY BOATERS INSURANCE APPLICATION

Personal Watercraft are not permitted.
(See Personal Watercraft Program)

AGENCY CODE		
AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()	

POLICY OR REFERENCE NO.		POLICY EFFECTIVE DATE		TERM 12 MONTHS
NAMED INSURED REGISTERED BOATOWNER MUST BE 18 YEARS OLD OR OLDER				
NAMED INSURED		FIRST	MIDDLE	LAST
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M	SOCIAL SECURITY NUMBER	
MAILING ADDRESS		CITY		STATE ZIP CODE
RESIDENCE ADDRESS		CITY		STATE ZIP CODE
SECOND NAMED INSURED		FIRST	MIDDLE	LAST
				DATE OF BIRTH

MOORING STORAGE LOCATION				
REGISTRATION STATE	MARINA/LOCATIONNAME	ADDRESS (COMPLETE IF OTHER THAN RESIDENCE)		CITY ZIP CODE STATE
TYPE OF LOCATION <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 _____				
TYPE OF SECURITY <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) _____				

OWNER/OPERATOR INFORMATION										
NAME	DATE OF BIRTH	GENDER	MARITAL STATUS	DRIVER'S LICENSE NUMBER	ISSUING STATE	RELATIONSHIP TO INSURED	OWNER/ OPERATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	# YEARS WATERCRAFT OWNERSHIP
1 NAMED INSURED	-----	-----	-----			-----				
2										-----
3										-----

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

VESSEL INFORMATION IF MORE THAN 1 VESSEL, COMPLETE A SECOND APPLICATION. COMPLETE ALL APPLICABLE INFORMATION.										
PRIMARY WATERS NAVIGATED STATE <input type="checkbox"/> INLAND OR <input type="checkbox"/> COASTAL										
YEAR	MANUFACTURER	MODEL	LENGTH		HULL IDENTIFICATION NO. (HIN)	HOMEMADE VESSEL	POWER TYPE			
			FT	IN		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INBOARD <input type="checkbox"/> NO ENGINE <input type="checkbox"/> JET DRIVE	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> OUTBOARD JET DRIVE	<input type="checkbox"/> SAIL	
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			WILL BOAT BE USED FOR RACING?		AMOUNT OF INSURANCE (Including Motors and Equipment Attached to Vessel)					
<input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING EQUIPMENT <input type="checkbox"/> CENTRAL STATION MONITORING SYSTEM <input type="checkbox"/> ALARM SYSTEM (HIGH WATER/FIRE/THEFT) <input type="checkbox"/> NO STRIKE LIGHTNING SYSTEM			<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ _____ <input type="checkbox"/> AGREED AMOUNT <input type="checkbox"/> TOTAL LOSS SETTLEMENT OPTION (This option is only available if you selected "Agreed Amount" and your watercraft is within one model year old. See Program Guide for details.) <input type="checkbox"/> ACTUAL CASH VALUE					

EXISTING DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO? IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)

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						

DESCRIPTION OF TRAILER HOMEMADE TRAILERS ARE PROHIBITED.			
YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			\$

LOSS PAYEE INDICATE WHICH UNIT (Boat, Motor or Trailer) HAS A LOSS PAYEE.							
UNIT	LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE	
UNDERWRITING QUESTIONS							
<p>1. Does any applicant have another in-force personal lines policy or <i>qualified</i>* life policy with Foremost, Farmers, Zurich or Bristol-West? <input type="checkbox"/> Yes <input type="checkbox"/> No *Refer to program guide for qualifications.</p> <p>2. Has the applicant had watercraft insurance for the past 12 months with no lapse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the applicant been loss free during the preceding year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. OTHER OWNERSHIP? - Is the vessel titled in the name of a trust or business? <input type="checkbox"/> Yes <input type="checkbox"/> No If a business, for tax purposes only? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not Eligible)</p> <p>5. 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.</p>							
COVERAGES AND LIMITS							
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					
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 (UNINSURED LIMITS CANNOT EXCEED LIABILITY LIMITS)		<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					
WATERCRAFT INSURANCE COVERAGE (COVERAGE INFORMATION UNDER THE VESSEL INFORMATION MUST BE COMPLETE.)		DEDUCTIBLE OPTIONS <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000					
TRAILER DEDUCTIBLES		PERSONAL PROPERTY COVERAGE (Coverage Rounded to the Nearest 100)		PERSONAL PROPERTY		TOWING AND ASSISTANCE	
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500		(Ded \$100) \$		REPLACEMENT COST OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO		<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	
PAYMENT PLANS COLLECT FULL PAYMENT OR REQUIRED DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE.							
<input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 3 PAY <input type="checkbox"/> 6 PAY <input type="checkbox"/> _____				DOWN PAYMENT COLLECTED \$		BALANCE DUE \$	
APPLICANT INFORMATION APPLICANT: PLEASE 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 information contained in that credit report. We may use a third party in connection with the development of your insurance score.							
<p>1. I agree that the insurer may investigate and secure consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application. I further agree that the insurer may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.</p> <p>2. 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.</p> <p>3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.</p>							
APPLICANT SIGNATURE ➡				DATE		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
AGENT INFORMATION AGENT: PLEASE SIGN THIS APPLICATION AND COMPLETE THIS SECTION.							
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.							
AGENT SIGNATURE ➡				DATE		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
AGENT NAME (Print)		AGENT LICENSE NO.			COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REMARKS							