

# CALIFORNIA 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 ( )
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MAILING ADDRESS CITY STATE ZIP CODE

SECONDARY APPLICANT FIRST MIDDLE LAST DATE OF BIRTH

## 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.

PRIMARY WATERS NAVIGATED											
STATE <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 FT IN		HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO	POWER TYPE <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 <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			FUEL TYPE <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NO ENGINE/MOTOR		# MAIN DRIVE ENGINES	HORSEPOWER OF EACH	MAXIMUM SPEED (MPH)				
PROTECTIVE DEVICES <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					THEFT RECOVERY DEVICE <input type="checkbox"/> DOCK ASSIST <input type="checkbox"/> NMMA CERTIFICATION <input type="checkbox"/> PWC BRAKE SYSTEM		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)											
WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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**

1. 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.
2. Has the applicant had watercraft insurance for the past 12 months with no lapse? ☐ Yes ☐ No
3. 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
<b>PERSONAL LIABILITY COVERAGE</b> <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	<b>Specify Package</b> _____ <b>Deductible</b> _____  Available packages can be found in the program guide.
<b>MEDICAL PAYMENTS COVERAGE</b> <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	
<b>UNINSURED WATERCRAFT COVERAGE</b> <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	
	<b>TOWING AND ASSISTANCE COVERAGE</b> <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 *Not available for Performance Elite or Marine Choice Elite Packages
	<b>PERSONAL PROPERTY COVERAGE - REPLACEMENT COST</b> (Round to Nearest Hundred) \$ _____
	<b>TRAILER DEDUCTIBLES</b> <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.**

The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

1. I agree to allow the insurer and its representatives to secure and review consumer report information including motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year from the date of my signature. I or my authorized representatives may request a copy of this authorization from my insurance representative.
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.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

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.

<input type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 3 PAY <input type="checkbox"/> 6 PAY <input type="checkbox"/> _____ A Service Fee will be included in each installment payment other than full-payment.	<b>DOWN PAYMENT COLLECTED</b> \$ _____	<b>BALANCE DUE</b> \$ _____
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