

AGENT'S ZONE & CODE	POLICY NUMBER
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1. Name of Insured	2. POLICY PERIOD FROM _____ TO _____ at 12:01 A.M. standard time at the address of the insured as stated herein.
Street or Route and Box No.	3. Customer I.D. Number
City, State and ZIP Code	Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. (a) Loss Payee Name	4. (b) Loss Payee Name
BOAT # Street or Route and Box No. City, State and ZIP Code	BOAT # Street or Route and Box No. City, State and ZIP Code
BOAT TYPE <input type="checkbox"/> Outboard <input type="checkbox"/> I/O Drive <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Inboard <input type="checkbox"/> Sail <input type="checkbox"/> Houseboat <input type="checkbox"/> Inboard Water Jet	BOAT TYPE <input type="checkbox"/> Outboard <input type="checkbox"/> I/O Drive <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Inboard <input type="checkbox"/> Sail <input type="checkbox"/> Houseboat <input type="checkbox"/> Inboard Water Jet
Year Trade Name Model	Year Trade Name Model

Hull Identification Number	Cost New \$	Purchased Mo. Yr.	Hull Identification Number	Cost New \$	Purchased Mo. Yr.
Territory	State or Coast Guard Registration No.	Max. Speed	Territory	State or Coast Guard Registration No.	Max. Speed
Length	Beam	CONSTRUCTION: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal	Length	Beam	CONSTRUCTION: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal

I/O Drive Inboard Water Jet	Motor #1 Year	Motor #2 Year	Motor #3 Year	I/O Drive Inboard Water Jet	Motor #1 Year	Motor #2 Year	Motor #3 Year
Trade Name				Trade Name			
Serial Number				Serial Number			
Horsepower				Horsepower			
Outboard	Motor #1 Year	Motor #2 Year	Motor #3 Year	Outboard	Motor #1 Year	Motor #2 Year	Motor #3 Year
Trade Name				Trade Name			
Serial Number				Serial Number			
Cost New				Cost New			
Horsepower				Horsepower			
Water Jet Drive <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	Water Jet Drive <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

If a trailer, complete the following:	If a trailer, complete the following:
Trade Name Serial Number Cost New \$	Trade Name Serial Number Cost New \$
Credits: <input type="checkbox"/> 15% Safety Course (attach certificate) <input type="checkbox"/> Homeowners <input type="checkbox"/> 5% Safety Course (attach certificate) <input type="checkbox"/> Diesel Power	Credits: <input type="checkbox"/> 15% Safety Course (attach certificate) <input type="checkbox"/> Homeowners <input type="checkbox"/> 5% Safety Course (attach certificate) <input type="checkbox"/> Diesel Power

Coverages: Insurance is afforded only for such coverages as are indicated by specific premium charges. Limits apply only to each boat separately as indicated.

5. (a) Coverages	Actual Cash Value at Inception	Deductible	Premium	5. (b) Coverages	Actual Cash Value at Inception	Deductible	Premium
Boat (including Inboard engine, I/O engine and other attached equipment)	\$ _____	\$ _____	\$ _____	Boat (including Inboard engine, I/O engine and other attached equipment)	\$ _____	\$ _____	\$ _____
Outboard Motor #1	\$ _____	\$ _____	\$ _____	Outboard Motor #1	\$ _____	\$ _____	\$ _____
Outboard Motor #2	\$ _____	\$ _____	\$ _____	Outboard Motor #2	\$ _____	\$ _____	\$ _____
Outboard Motor #3	\$ _____	\$ _____	\$ _____	Outboard Motor #3	\$ _____	\$ _____	\$ _____
Trailer	\$ _____	\$ _____	\$ _____	Trailer	\$ _____	\$ _____	\$ _____
Unattached Equipment	\$ _____	\$ _____	\$ _____	Unattached Equipment	\$ _____	\$ _____	\$ _____
Outboard Package	\$ _____	\$ _____	\$ _____	Outboard Package	\$ _____	\$ _____	\$ _____
<b>Limits</b>				<b>Limits</b>			
Bodily Injury and Property Damage Liability	\$ _____,000 each occurrence	\$ _____	\$ _____	Bodily Injury and Property Damage Liability	\$ _____,000 each occurrence	\$ _____	\$ _____
Medical Payments (including Water Skiers Medical)	\$ _____ each person	\$ _____	\$ _____	Medical Payments (including Water Skiers Medical)	\$ _____ each person	\$ _____	\$ _____
Uninsured Watercraft Bodily Injury Coverage	\$ _____,000 each occurrence	\$ _____	\$ _____	Uninsured Watercraft Bodily Injury Coverage	\$ _____,000 each occurrence	\$ _____	\$ _____
Total Boat # _____	\$ _____			Total Boat # _____	\$ _____		

PAYMENT PLAN	AMOUNT DUE	INSTALLMENT PREMIUM CHARGE
<input type="checkbox"/> Checkless Monthly* ....	1/12 of Total Premium	NONE
<input type="checkbox"/> Monthly* .....	1/6 of Total Premium plus ...	\$2.00
<input type="checkbox"/> Budget .....	1/3 of Total Premium plus ...	\$2.00
<input type="checkbox"/> Full .....	Total Premium	NONE
<input type="checkbox"/> C.O.D. ....	Will be billed when policy is issued.	

**Binder** — Coverage is bound from the effective date indicated in Item 2. Formal policy will supersede this binder. If not received within thirty days, contact agent immediately.

TOTAL POLICY PREMIUM	\$ _____
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\*For Checkless Monthly, please complete and attach an authorization form.  
\*For Checkless Monthly and Monthly, should SAFECO:  
 Open a new account  Add to acct. no. \_\_\_\_\_

This acknowledges the receipt of \$ \_\_\_\_\_  Cash  Check  
Agent's Initials \_\_\_\_\_

AGENCY \_\_\_\_\_

Quote Date \_\_\_\_\_ Authorized Representative \_\_\_\_\_

The insurance will not be effective if any check for the premium is not honored when it is presented for payment.

Mail Policy to:  Insured  Agent

Phone Number Home ( )  
 Business ( )

Name of Insured \_\_\_\_\_

**INSURED'S STATEMENT**

Any "Yes" answers for questions 1 through 3 must be explained under "Remarks"

- 1. Has any company canceled, declined or refused renewal for any driver during past 3 years? .....  
 (not applicable in Missouri) \_\_\_\_\_
- 2. Does any operator have a physical impairment, including heart condition, diabetes, epilepsy, etc.? ..... \_\_\_\_\_
- 3. Has the driver's license of any operator been suspended or revoked during past 5 years? .. \_\_\_\_\_
- 4. Is auto insured in SAFECO \_\_\_\_ (If "Yes," give Policy No.) \_\_\_\_\_
- 5. What company previously insured your boat?  
 \_\_\_\_\_  
 (Give Policy No.) \_\_\_\_\_
- 6. Are there any children in the household who operate your watercraft? \_\_\_\_\_  
 If yes, give ages: Male \_\_\_\_\_ Female \_\_\_\_\_

7. Occupation of Insured \_\_\_\_\_  
 Occupation of Spouse \_\_\_\_\_  
 Employer's Name (If self-employed, name/nature of business) \_\_\_\_\_  
 Employer's Name (If self-employed, name/nature of business) \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 How many years with this employer? \_\_\_\_\_  
 How many years with this employer? \_\_\_\_\_

8. How many losses have occurred during the past 3 years to any boat (such as fire, theft, sinking, freezing, water damage, etc.)? \_\_\_\_\_
- | Date loss occurred | Kind  | Amount |
|--------------------|-------|--------|
| a. _____           | _____ | _____  |
| b. _____           | _____ | _____  |
| c. _____           | _____ | _____  |
| d. _____           | _____ | _____  |

9. Names of all operators	Sex M   F	Birth Date	Married, Single, Sep., Divorced or Wid.*	Auto Driver's License No.	Social Security #
<b>Insured or applicant</b> →	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*If widowed (or divorced or legally separated): (a) How long? \_\_\_\_\_ (b) Does operator have custody of any children? \_\_\_\_\_

10. During the past 3 years, have you or any other person named in item 9. been:  
 (a) involved (as an operator of an auto or boat) in an accident resulting in damage to property, including his/her own, or in bodily injury or death? .....  Yes  No for any "yes" answers  
 OR (b) convicted of or paid a fine for a violation of any boat or motor vehicle law (other than parking)? ....  Yes  No complete the following

Name of Driver	Place of Accident or Violation	Date of Accident or Violation	Type of Violation	What was result of accident?		Explanation of accident or violation (continue under "Remarks" if more space is needed).
				Bodily injury or death	Total amount of property damage	
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____

11. How long have you lived at present address? \_\_\_\_\_ Previous address if less than 2 years \_\_\_\_\_

12. Type of Residence  Owned Private Dwelling  Rented Private Dwelling  Apartment  Mobile Home  Other \_\_\_\_\_

13. How long has the agent known the insured? \_\_\_\_\_ years \_\_\_\_\_ months

- 14. Describe the location where the boat is stored. (If moored indicate marina, address and slip.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 15. Briefly state your boat operating experience \_\_\_\_\_  
 \_\_\_\_\_
- 16. How long have you owned a boat? \_\_\_\_\_

- 17. Describe your practices for regular maintenance of boat \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date last performed? \_\_\_\_\_
- 18. List fire fighting equipment kept on the boat \_\_\_\_\_  
 \_\_\_\_\_
- 19. Date of last Coast Guard inspection of boat \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare the facts stated hereon to be true and request the company to issue the insurance and any renewals thereof in reliance thereon.  
 Date \_\_\_\_\_ Signature of Insured \_\_\_\_\_