



## MARINA/BOAT DEALERSHIP PACKAGE POLICY APPLICATION

### SECTION I – GENERAL INFORMATION

	Insured	Producer
<b>Name</b>		
<b>Address</b>		
<b>Telephone Number</b>		
<b>Email &amp; Website Address</b>		
<b>Contact for Inspection</b>	Name: _____ Telephone Number: _____ _____ Email Address: _____	

**A. Account Information:**

1. Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_ Quote Needed by: \_\_\_\_\_
2. Other Named Insured's: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Year Insured's Business Started: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_
4. The Insured is a(n):     Individual     Partnership     Corporation
5. Is this Account new to the Producer?  Yes  No    If "No," how many years has this account been handled? \_\_\_\_\_
6. Has Insurance ever been cancelled or non-renewed on this Insured?  Yes  No    If "Yes," why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. List All Locations the Insured has Operations: (MO = Marina Operations, BD = Boat Dealer)**

- |    |       |                             |  |                             |
|----|-------|-----------------------------|--|-----------------------------|
| 1. | _____ | <input type="checkbox"/> MO |  | <input type="checkbox"/> BD |
| 2. | _____ | <input type="checkbox"/> MO |  | <input type="checkbox"/> BD |
| 3. | _____ | <input type="checkbox"/> MO |  | <input type="checkbox"/> BD |
| 4. | _____ | <input type="checkbox"/> MO |  | <input type="checkbox"/> BD |
| 5. | _____ | <input type="checkbox"/> MO |  | <input type="checkbox"/> BD |
| 6. | _____ | <input type="checkbox"/> MO |  | <input type="checkbox"/> BD |

*Note: Although our application is preferred, we do accept ACORD and/or similar market applications.*

## SECTION I – GENERAL INFORMATION (cont'd)

### C. Check off the Coverages Requested:

<b>Main Coverages Offered:</b>
--------------------------------

- |  |  |
|--|--|
| <input type="checkbox"/> General Liability<br><input type="checkbox"/> Marina Operators Liability and Marina Operators Protection & Indemnity<br><input type="checkbox"/> Boat Dealers and Boat Dealers Protection & Indemnity<br><i>This includes False Pretense Coverage</i><br><input type="checkbox"/> Owned Watercraft<br><input type="checkbox"/> Hull Physical Damage<br><input type="checkbox"/> Protection & Indemnity – Workboats<br><input type="checkbox"/> Protection & Indemnity – Rental Watercraft<br><input type="checkbox"/> Protection & Indemnity – Sailing School Vessels<br><input type="checkbox"/> Crew Coverage | <input type="checkbox"/> Piers, Wharves & Docks<br><input type="checkbox"/> With Business Income and Extra Expense<br><input type="checkbox"/> Property<br><input type="checkbox"/> Building<br><input type="checkbox"/> Business & Personal Property<br><input type="checkbox"/> Business Income and/or Extra Expense<br><input type="checkbox"/> Crime/Employee Dishonesty<br><input type="checkbox"/> Marina Equipment & Tools<br><input type="checkbox"/> Electronic Data Processing |
|--|--|

<b>Supplemental Coverages Offered:</b>
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- |   |   |
|---|---|
| <input type="checkbox"/> Hired & Non-Owned Auto Liability<br><input type="checkbox"/> Yacht Brokers Liability<br><input type="checkbox"/> Liquor Liability<br><input type="checkbox"/> Employee Benefits Liability<br><input type="checkbox"/> Stop Gap Employers Liability | <input type="checkbox"/> Truth In Lending Liability<br><input type="checkbox"/> Title Errors & Omissions Liability<br><input type="checkbox"/> Engine Hour Readings Errors & Omissions Liability<br><input type="checkbox"/> Limited Pollution Liability<br><input type="checkbox"/> Swimming Pools |
|---|---|

### D. Projected Gross Receipts and Boat Sales: (All Locations)

**Marina Gross Receipts:**

Slip & Dock Rental	\$ _____	Ship Repairers - Commercial Vessels	\$ _____
Hauling/Launching	\$ _____	Snack Bar/Restaurant	\$ _____
Boat Repair	\$ _____	Ships Store	\$ _____
Fueling	\$ _____	Rental Boats	\$ _____
Dry Boat Storage (Rack)	\$ _____	Liquor	\$ _____
Dry Boat Storage (Non – Rack)	\$ _____	Leased Property	\$ _____
Other Receipts: _____	\$ _____		
<i>Total Marina Receipts</i>	\$ _____		
<i>Prior Year's Total Marina Receipts</i>	\$ _____		

**Boat Sales:**

Boat Sales & Engines \$ \_\_\_\_\_

Other Sales: \_\_\_\_\_ \$ \_\_\_\_\_

*Total Sales Receipts* \$ \_\_\_\_\_

*Prior Year's Total Sales Receipts* \$ \_\_\_\_\_

**Boat Brokerage:**

Fees/Commissions \$ \_\_\_\_\_

## SECTION II – GENERAL LIABILITY

**Limits Requested:**

**OPTION A**

**OPTION B**

\$500,000	Limit Each Occurrence	\$1,000,000	Limit Each Occurrence
\$1,000,000	General Aggregate Limit	\$2,000,000	General Aggregate Limit
\$500,000	Products/Completed Op Aggregate Limit	\$1,000,000	Products/Completed Op Aggregate Limit
\$500,000	Personal & Advertising Injury Limit	\$1,000,000	Personal & Advertising Injury Limit
\$100,000	Damage to Premises Rented to You Limit	\$250,000	Damage to Premises Rented to You Limit
\$5,000	Medical Expense Limit	\$10,000	Medical Expense Limit

1.  Yes  No Does the Insured manufacture, install, service, demonstrate or sell any products not related to marine industry usage?
2.  Yes  No Does the Insured build or manufacture any watercraft?
3.  Yes  No Does the Insured utilize any subcontractors or leased workers?  
 If yes, what type and percentage of work is subcontracted out by the Insured? \_\_\_\_\_  
 Are certificates of insurance obtained from subcontractors?  Yes  No  
 What coverages and limits are required of subcontractors? \_\_\_\_\_  
 Are hold harmless or indemnity agreements made in the Insured's favor?  Yes  No
4.  Yes  No Are there any medical facilities provided or medical professionals employed or contracted in?
5.  Yes  No Does the Insured own/rent/operate any parking facilities?  
 If "Yes" to the above, is a fee charged for parking?  Yes  No
6.  Yes  No Does the Insured own any vacant land?
7.  Yes  No Are there any residential dwellings on the Insured's premises? If "Yes," how many? \_\_\_\_\_
8.  Yes  No Is there any exposure to radioactive/nuclear materials?
9.  Yes  No Are there any structural alterations to the insured's property contemplated?
10.  Yes  No Are there any demolition operations to the insured's property contemplated?
11.  Yes  No Does the Insured perform any blasting or use explosives?
12.  Yes  No Have there been any operations sold, acquired or discontinued in last 5 years?
13.  Yes  No Has the Insured been active in, or is the Insured currently active in joint ventures?
14.  Yes  No Is the Insured a non-subscriber to any state and/or federal workers compensation statutes?
15.  Yes  No Has the Insured or any predecessor company filed for bankruptcy protection in the last 5 years?
16.  Yes  No Does the Insured loan or rent any machinery or equipment to others?
17.  Yes  No Does the Insured employ or utilize the services of any commercial divers?
18.  Yes  No Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage?
19.  Yes  No Does the Insured operate a sailing school? If "Yes," please fill out separate Owned Watercraft Supplemental Application.
20.  Yes  No Is there a swimming pool on the premises? If "Yes," please fill out separate Swimming Pool Supplemental Application.
21.  Yes  No Any sponsorship of racing, water ski, fishing tournaments, carnivals, regattas or any other special events held?
22.  Yes  No Any other recreational activities such as campgrounds, beachheads, tennis courts, golf courses etc. on site?
23.  Yes  No Any dock building, bulk heading or pier construction work being performed on premises?
24.  Yes  No Are there any hotels or motels on premises?

**Explain all "Yes" responses (for all past or present operations):**

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## SECTION III – MARINA OPERATORS LIABILITY & MARINA OPERATORS P&I

Limits Requested:     \$500,000         \$1,000,000         Other: \$ \_\_\_\_\_  
 Deductible Requested:     \$1,000     \$2,500     \$5,000     Other: \$ \_\_\_\_\_

### A. Slip Rental & Mooring:

Loc. No.	Total slips	Slips at longest dock/pier	Covered slips How many?	Moorings # Buoys for rent	Transient boats?	Average Valued Vessel	Maximum Valued Vessel
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>FIRE PROTECTION</b>		<b>SAFEGUARDS (SECURITY)</b>					
Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Protection Class # _____		Watchman or Security Service Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security alarm fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Other security measures taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____		
Distance in miles _____		Employed 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any boats stored afloat from Oct. 31 through March 31? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a bubbler system or similar device utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No				

  

Loc. No.	Total slips	Slips at longest dock/pier	Covered slips How many?	Moorings # Buoys for rent	Transient boats?	Average Valued Vessel	Maximum Valued Vessel
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>FIRE PROTECTION</b>		<b>SAFEGUARDS (SECURITY)</b>					
Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Protection Class # _____		Watchman or Security Service Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security alarm fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Other security measures taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____		
Distance in miles _____		Employed 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any boats stored afloat from Oct. 31 through March 31? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a bubbler system or similar device utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### B. Dry Boat Storage:

Loc. No.	Outside storage only? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vessels stored outside	Average Valued Vessel	Maximum Valued Vessel	
	INSIDE STORAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of buildings _____			
Bldg. No.	Building Construction	Max # of boats stored inside	Average value of each vessel	Sprinklered?	Rack Storage?
				<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
				<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
Are any buildings located adjacent to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					
Is there any other fire protection afforded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					

  

Loc. No.	Outside storage only? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vessels stored outside	Average Valued Vessel	Maximum Valued Vessel	
	INSIDE STORAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of buildings _____			
Bldg. No.	Building Construction	Max # of boats stored inside	Average value of each vessel	Sprinklered?	Rack Storage?
				<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
				<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
Are any buildings located adjacent to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					
Is there any other fire protection afforded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					

## SECTION III – MARINA OPERATORS LIABILITY & MARINA OPERATORS P&I (cont'd)

### B. Dry Boat Storage (cont'd):

Does the Insured require their customers to sign standard boat storage agreements?  Yes  No

If "Yes," please provide a copy.

### C. Boat Repair Operations:

Types of vessels repaired (sail, power, other): _____		Any commercial or fishing vessels repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average Value of individual boat repaired: \$ _____	Maximum value of individual boat repaired: \$ _____	Does the yard permit owners to work on their own boats? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all the types of repair operations the Insured is engaged in and percentage of that work:			
<b>Operations Covered</b>	<b>Yes</b>	<b>No</b>	<b>Percentage of Total Repair</b>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	
Refinishing	<input type="checkbox"/>	<input type="checkbox"/>	
Fiberglassing	<input type="checkbox"/>	<input type="checkbox"/>	
Engine Repair	<input type="checkbox"/>	<input type="checkbox"/>	
Spray Painting	<input type="checkbox"/>	<input type="checkbox"/>	
General Repair	<input type="checkbox"/>	<input type="checkbox"/>	
Welding	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	

### D. Hauling and Launching:

Approximate number of boats hauled last year? _____	Type of equipment used (travel lift, fork lift, other): _____
Is there any hauling and launching not done in conjunction with repairs or storage? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," explain: _____ _____	

### E. Fueling Operations:

Types of fuel sold: _____	Who performs fueling: _____	"No Smoking" signs posted and fire/safety equipment at hand? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION IV – BOAT DEALERSHIP AND BOAT DEALERS P&I**

**A. Limits Requested:**

Limit any one scheduled location: \$ \_\_\_\_\_      Limit any one accident or occurrence: \$ \_\_\_\_\_  
 Limit while in land transit: \$ \_\_\_\_\_      Limit while on exhibition: \$ \_\_\_\_\_  
 False Pretense Coverage Limit:     \$50,000       \$100,000       \$300,000       Other: \$ \_\_\_\_\_  
 Protection & Indemnity Limit:     \$500,000       \$1,000,000

**B. Deductible Options:**

Boat Dealer Deductible:     \$1,000       \$2,500       \$5,000       Other: \$ \_\_\_\_\_  
 Boat Dealership Protection & Indemnity Deductible:  \$1,000       \$2,500       \$5,000       Other: \$ \_\_\_\_\_

**C. Types of Boats Sold: (List manufacturer and type of boat)**

Manufacturer	Type of Boat (Power, Sail, etc.)	Percentage of Sales

**Does the Insured sell any of the following:**

Category	Yes	No	Type(s) of each Category	Amount of Sales
High Performance Boats	<input type="checkbox"/>	<input type="checkbox"/>		\$
Personal Type Watercraft	<input type="checkbox"/>	<input type="checkbox"/>		\$
Waverunners, Jet Skis	<input type="checkbox"/>	<input type="checkbox"/>		\$
Snowmobiles	<input type="checkbox"/>	<input type="checkbox"/>		\$

**D. Boat Shows:**

- Number of Boat Shows attended annually: \_\_\_\_\_  
 List their locations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Average number of Insured's boats at each show: \_\_\_\_\_
- Total Maximum value of all the Insured's boats at any one show: \$ \_\_\_\_\_
- How are boats transported to and from the Boat shows?     Public carrier       Own vehicles       By Water

**E. Demonstrations:**

- Yes     No    Are demonstrations given of boats being sold?  
 If "Yes," are boats under the helm of a qualified or licensed employee?     Yes     No
- Yes     No    Are demonstrations given with all required US Coast Guard safety equipment aboard?
- Yes     No    Are all boat demonstrations accompanied by a salesperson?

## SECTION IV – BOAT DEALERSHIP AND BOAT DEALERS P&I (cont'd)

### F. Boat Dealer/Inventory Locations:

<b>Loc. No.</b>	<b>Building Occupancy and Construction:</b> _____				
	<b>Vessels stored outside?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	<b>Vessels stored in the water?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	<b>Average Value any one vessel</b> _____	<b>Last Inventory Values</b> _____	<b>Average Monthly Values</b> _____
			<b>Maximum Value any one vessel</b> _____	<b>Date Inventory Taken</b> _____	<b>Maximum Monthly Values</b> _____
	<b>FIRE PROTECTION</b>		<b>SAFEGUARDS (SECURITY)</b>		
	<b>Fire Department</b> <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <b>Protection Class #</b> _____	<b>Watchman or Security Service Employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location completely fenced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Security alarm fitted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Other security measures taken?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	
<b>Distance in miles</b> _____	<b>Employed 24 hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location well lit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____		

  

<b>Loc. No.</b>	<b>Building Occupancy and Construction:</b> _____				
	<b>Vessels stored outside?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	<b>Vessels stored in the water?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	<b>Average Value any one vessel</b> _____	<b>Last Inventory Values</b> _____	<b>Average Monthly Values</b> _____
			<b>Maximum Value any one vessel</b> _____	<b>Date Inventory Taken</b> _____	<b>Maximum Monthly Values</b> _____
	<b>FIRE PROTECTION</b>		<b>SAFEGUARDS (SECURITY)</b>		
	<b>Fire Department</b> <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <b>Protection Class #</b> _____	<b>Watchman or Security Service Employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location completely fenced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Security alarm fitted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Other security measures taken?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	
<b>Distance in miles</b> _____	<b>Employed 24 hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location well lit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____		

### G. Transit Exposures:

1.  Yes  No Are any boats delivered from the manufacturer at the Insured's risk?  
If "Yes," how are they delivered? \_\_\_\_\_  
What is the maximum value of any one vessel delivered? \$ \_\_\_\_\_
2.  Yes  No Are any boats delivered by water to the Insured?  
If "Yes," from where and by whom? \_\_\_\_\_
3.  Yes  No Does the Insured deliver any boats by water to purchaser?  
If "Yes," state the average distance \_\_\_\_\_ and maximum value of any one boat: \$ \_\_\_\_\_
4.  Yes  No Any boats delivered by public carrier?
5.  Yes  No Any boats delivered by Insured's vehicle?  
If "Yes," the maximum value of any one boat? \$ \_\_\_\_\_  
What is the average distance the boats are transported by vehicle? \_\_\_\_\_

### H. False Pretense Coverage:

1. Describe all customer screening practices with regard to customer identification, title and credit checks on used boats, trade-ins, and loan verifications?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION V – LOSS HISTORY

LOSS HISTORY (5-Year History)				
<i>Attach hard-copy Loss Runs when applicable.</i>				
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Coverage Section</b>	<b>Description of Loss</b>			<b>Date of Loss</b>
<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Applicable Deductible</b>	<b>Open</b>	<b>Closed</b>
			<input type="checkbox"/>	<input type="checkbox"/>

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_