Airboat Application

MARKEL®

Airboat Application

INFORMATION REQUIRED TO OBTAIN COVERAGE:

- Complete, signed application
- Photographs:
  1. Showing the boat in the primary storage location
  2. Side view of the boat
  3. From the rear, showing the propeller & rudders

REQUESTED EFFECTIVE DATE: _____

AGENT INFORMATION

Name: _____ GA code: _____

Producer code: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____ Fax number: _____

APPLICANT INFORMATION

Name: _____ Date of birth: _____ SS#: _____

Daytime phone: _____ Evening phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email address _____

Residence is: [ ] owned [ ] rented

Residence type: [ ] house [ ] apt [ ] condo [ ] mobile home [ ] other _____

Marital status: [ ] single [ ] married [ ] divorced

Applicant is the titled owner?.....Yes [ ] No [ ] **If no,** please explain: _____

Corporately titled? .....Yes [ ] No [ ]

Current employer & occupation (if self-employed, advise type of business): _____

Current insurer: _____

AIRBOAT INFORMATION

Does the boat have a fully caged in propeller and engine? .....Yes [ ] No [ ]

(**If no,** the airboat is ineligible)

Does the boat have a propeller made of wood? .....Yes [ ] No [ ]

(**If yes,** no hull coverage will be provided)

ATTENTION: BY SIGNING THIS APPLICATION YOU WARRANT THAT A PROPELLER MADE OF WOOD WILL NOT BE INSTALLED NOW OR IN THE FUTURE.

Year _____ Length _____ Boat manufacturer _____

Model _____ Hull id # or serial # _____ Hull material: [ ] Aluminum [ ] Fiberglass

Total hp _____ Max speed _____ Engine manufacturer _____

Purchase date _____ Purchase price _____ Current value $ _____

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Boat trailer:

Year _____ Manufacturer _____ Serial# _____ Value_____

Boat storage location:

Address: _____

This location is Applicant's:

[ ] Residence [ ] Place of Business [ ] Commercial Storage [ ] Marine/Boatyard [ ] Other _____

Boat is kept in/on a:

[ ] Boat Trailer [ ] Dry Stack [ ] Open Slip [ ] Open Parking Lot [ ] Covered Slip

[ ] Boat Lift [ ] Garage Area [ ] Davits [ ] Locked Fenced Area [ ] Driveway/Yard

Describe theft prevention measures

ADDITIONAL INTEREST INFORMATION

Loss payee

Name and address: _____

Additional Insured

Name and address: _____

Explain Interest:

PRIMARY OPERATOR INFORMATION

Name _____ Date of birth _____

Driver's license # & state _____ # Yrs boating experience _____

Yrs boat ownership _____ Relationship to owner _____

List airboats owned and operated, please include make/length.

Number of years or hours owning or operating airboat _____

List and describe all motor vehicle violations and accidents in the last 3 years:

SECONDARY OPERATOR INFORMATION

Name _____ Date of birth _____

Driver's license # & state _____ # Yrs boating experience _____

Yrs boat ownership _____ Relationship to owner _____

List airboats owned and operated, please include make/length.

Number of years or hours owning or operating airboat _____

List and describe all motor vehicle violations and accidents in the last 3 years:

ELIGIBILITY QUESTIONS

Is this vessel used commercially or leased to others under a bareboat charter contract?..... Yes [ ] No [ ]

(**If, yes**, this risk is not eligible. Refer to the commercial program.)

Has the boat or engine been modified or altered from their stock condition?..... Yes [ ] No [ ]

Is this vessel currently up for sale?..... Yes [ ] No [ ]

During the past 3 years, have any operators had their driver's license suspended, revoked or refused, been involved in an automobile accident or been convicted of a moving violation? ..... Yes [ ] No [ ]

(If yes, please explain below.)

During the past 3 years, has any operator had any boat or automobile insurance canceled, been refused issuance Or renewal or received notice of such intent?..... Yes [ ] No [ ]

(If yes, please explain below. MO residents need not answer.)

Have the owner(s) or any operator(s) ever been convicted of a felony? ..... Yes [ ] No [ ]

(**If yes,** please explain below.)

Additional remarks:

COVERAGE	LIMITS REQUESTED
Watercraft & equipment	DEDUCTIBLE: [ ] 1% [ ] 2% [ ] 3% [ ] 4% [ ] 5% (Actual Cash Value Coverage)
Watercraft liability	[ ] $10,000csl [ ] $25,000csl [ ] $50,000csl [ ] $100,000csl
Uninsured boater	[ ] Yes [ ] No (Equal to the liability limit – max of $100,000csl)
Medical payments	[ ] $1,000 (incl) [ ] $2,000 [ ] $3,000 [ ] $4,000 [ ] $5,000
Personal effects	[ ] $1,000 (incl) [ ] $2,000
Towing	[ ] $500 (incl) [ ] $750 [ ] $1,000 (incl) [ ] $2,000
Trailer	$ Maximum available value is $7,500 ($500 increments)
Fishing equipment	[ ] $1,000 (incl) [ ] $2,000

APPLICANT'S STATEMENT AND SIGNATURE - MANDATORY

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996 I understand that as a part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. I understand that if my watercraft is used for any business or commercial purposes, is used in any official or pre- arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit of liability for hull coverage is the actual cash value (ACV) at the time of loss or the stated ACV above, whichever is less. The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but it in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information. If your boat is located in AZ, CA, NY, OR or PA, please read the state specific fraud warnings below:

STATE SPECIFIC FRAUD WARNINGS

AZ For your protection Arizona law requires the following statement to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

CA For your protection California law requires the following to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NY Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OR Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

STATE SPECIFIC INSURANCE SCORE NOTIFICATIONS

AK & CT In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.

KS To offer you an accurate quote in connection with this application for insurance we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew your insurance. The company has established an internal appeal process allowing you to provide documentation to establish the existence and duration of personal circumstances justifying that certain adverse credit information not be used.

NM In connection with your application for insurance coverage, we may review and use information contained in the unit owner's credit report to help determine your premium or your eligibility for coverage. Future reports may be used to update or renew your insurance.

NY In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from the credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from the following consumer reporting agencies: Experian, TransUnion or Equifax. Future reports may be used to update or renew your insurance.

WV Your credit information is used by Markel American Insurance Company to produce a credit score. This credit score has an effect on the premium that you pay for your insurance. Markel American Insurance Company is required by the Insurance Commissioner to recheck your credit information no less than once every 36 months for changes. You have the option to request that Markel American Insurance Company recheck your credit score more frequently than once every 36 months, but you can only make this request once during any twelve-month period. If there has been a change in your credit score, Markel American Insurance Company shall re- underwrite and re-rate the policy based upon the current credit report or credit score. The change in your credit score may result in an increase or a decrease in the premium that you pay for your insurance. Any changes in your premium will take place upon renewal if your request is made at least 45 days before your renewal. If the request is made less than 45 days before your renewal date, the insurer shall re-underwrite and re-rate the policy for the following renewal.

_____

Applicant's signature

_____

Producer's signature

_____

Date