

BOAT APPLICATION

PAYMENT PLAN

- 1 PAY
- 2 PAY
- 3 PAY
- 6 PAY
- COMBINED DIRECT BILL
- AGENCY BILL

COMPANY USE

Policy # _____

UW _____ Date _____

Review ____ / ____ / ____

COVERAGE BOUND

YES NO

Applicant's Name _____ Telephone Number _____

Street _____ Social Security Number _____

City _____ State _____ Zip _____ Agent Number _____ Name _____

POLICY TERM: FROM _____ TO _____ 12:01 am Standard Time Lay-up Period: FROM _____ TO _____

MARK TYPE

OUTBOARD

INBOARD/OUTBOARD

SAILBOAT

INBOARD

ROWBOAT/CANOE

PONTOON

UNIT	ITEM	YEAR	LENGTH	MAKE	MODEL	MOTOR HP	RATING SPEED	SERIAL NUMBER	AMOUNT OF COVERAGE
1	BOAT								
2	MOTOR								
3	TRAILER								
4									
5									
Miscellaneous Portable Equipment and Accessories									

LIENHOLDERS

BOAT #	NAME & ADDRESS	LOAN #
BOAT 1		
BOAT 2		

COVERAGES	LIMITS OF LIABILITY						TOTAL PREMIUMS
		1	2	3	4	5	
LIABILITY Bodily Injury and Property Damage liability	each accident		INCLUDED				
MEDICAL PAYMENTS	each accident (\$50 deductible)		INCLUDED				
UNINSURED/UNDERINSURED WATERCRAFT	limit						
DIRECT PHYSICAL LOSS	deductible						
ELIGIBLE MISCELLANEOUS PORTABLE EQUIPMENT AND ACCESSORIES							
NOTE: LIABILITY AND MEDICAL PAYMENT PREMIUMS ARE RATED PER BOAT UNIT							BASE PREMIUM
OPTIONAL COVERAGES	1. NAVIGATION ON GREAT LAKES: Increase premiums of hull rate by 25%						
	2. NAVIGATION PERIOD: If 12 months is desired, increase total base premium by 25%						
	TOTAL PREMIUM						

(OVER)

1. Is watercraft permanently quartered away from residence? Yes No If YES, give location -
 2. Where will applicant navigate watercraft?
 3. Has applicant ever been cancelled or refused insurance in the past 3 years? Yes No If YES, explain -
 4. Will any vehicles be used for rent, hire, or racing? Yes No
 5. Name of previous carrier -
 6. List all policies with RMIC -
 7. Any accidents or violations in last 3 years? Yes No
- Remarks -

LIST ALL DRIVERS IN HOUSEHOLD	DATE OF BIRTH MM/DD/YY	DRIVER'S LICENSE NUMBER
1.		
2.		
3.		
4.		
5.		
6.		

IF THE "BINDER" BOX IS CHECKED, THE FOLLOWING CONDITIONS APPLY:

This Company binds the kind(s) of insurance stipulated on the reverse side. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.
 This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates by the Company.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance it is understood that as a part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence.
 If you wish information on the nature and scope of the Consumer Report which may be requested, ask your agent for the address of the Company handling your account.

APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

APPLICANT'S SIGNATURE		PRODUCER'S SIGNATURE	
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