



American Modern Insurance Group Commercial Watercraft Rental Application

GENERAL AGENT INFO

General Agency Code # **024851**

General Agency Name

Effective Date:

AGENCY INFORMATION

| | |
|---|---|
| Agency Code # | Phone # (972 712-8000 |
| Agency Name Voyager Insurance Services | Phone # (972 712-4400 |
| Street PO Box 8000 | Email ginny@voyagerinsurance.net |
| City, State, ZIP Frisco, TX 75034 | Contact Name Ginny Buchanan |

APPLICANT INFORMATION (APPLICANT MUST BE THE TITLED OWNER)

| | | |
|--------------------------|-------------------|---------------------|
| Titled Owner / Name | Principal Contact | Business Phone () |
| | | Alternate Phone () |
| Mailing Address (Street) | City | County |
| | | State |
| | | Zip |

Type of Organization: Individual Partnership Corporation Joint Venture Other, Explain:

PHYSICAL ADDRESS OF OPERATION; LIST ALL LOCATIONS

| City | State | ZIP | County | Description |
|------|-------|-----|--------|-------------|
| | | | | |
| | | | | |

Operating From: Marina Beach Boat Launch Locked Facility Other, Explain:

| | |
|---|--|
| Describe How The Watercraft Are Used By This Operation. | What Is The Experience Of The Owners With This Type Operation? |
| | |

| | |
|--|--|
| How Many Years Has Applicant Owned/Operated This Business? _____ | Operating Period: From: _____ To: _____ |
| How Many Years Has Applicant Operated From This Location? _____ | When Not In Use, Watercraft Are: <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat |
| Projected Gross Receipts For This Year \$ _____ | How are watercraft secured against theft? _____ |
| Gross Receipts For This Operations Last Year \$ _____ | _____ |

| | |
|--|---|
| Prior Insurance Carrier: _____ | Describe All Other Commercial Activities Conducted On The Premise Including Non-Owned Activities: |
| Policy Number: _____ | |
| Expiration Date: _____ | |
| If Other Owned Activity, Is There Insurance In Force? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Has Any Insurance Company Ever Canceled, Non-Renewed, Or Declined Coverage? (Missouri Residents Need Not Answer) YES NO
If Yes Explain: _____

Navigation Desired – Check All That Apply
 US Inland Waterways Only Coastal Up To 5 Miles Offshore Coastal Greater Than 5 Miles Offshore. Number Of Miles Offshore Requested: _____
 Name Of Body Of Water To Be Navigated On: _____

FIVE YEAR CLAIM HISTORY, BUSINESS OPERATIONS, WATERCRAFT, AND PREMISES

| Date of Event | Details of Event | Amount Paid |
|---------------|------------------|-------------|
| | | |
| | | |

WATERCRAFT INFORMATION

If More Than One Unit Please Complete A Schedule

| Hull Year | Hull Manufacturer | Model | Length | Hull ID Number (12 Digits) | Watersport Liability Requested | |
|-------------|-------------------|-------|--------|----------------------------|--------------------------------|-----------------------------|
| | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Engine Year | Engine Mfg | Model | HP | Engine ID Number | Max. Speed | Total Value (ACV) |
| | | | | | | |

TRAILER INFORMATION

| Year | Manufacturer | Trailer ID Number | Value (ACV) |
|------|--------------|-------------------|-------------|
| | | | |

LIENHOLDER INFORMATION

| Lienholder Name | Street | City | State | ZIP |
|-----------------|--------|------|-------|-----|
| | | | | |

ADDITIONAL INSURED INFORMATION (IF N/A, DO NOT COMPLETE)

| | | | | | |
|------|-------|-----|--------------------------|---|--|
| Name | | | Mailing Address (Street) | | |
| | | | | | |
| City | State | Zip | Birthdate | Additional Insured Type | |
| | | | | <input type="checkbox"/> Joint Owner <input type="checkbox"/> Additional Interest <input type="checkbox"/> Marina | |

Please provide answers to the following questions:

Who is responsible for overseeing the watercraft rental operation? What is their DOB?

Please list all rental employees and their age.

What skills are the employees trained in?

Do the employees operate the watercraft In the course of employment? NO YES If yes please explain.

Are any employees allowed for use the watercraft for personal pleasure? NO YES If yes please explain.

Describe the Instruction Process.

Who Provides the Instruction?

What is the instructor's experience?

How are the renters screened to determine if they are a suitable renter?

What is the minimum age to rent the watercraft?

How is the renter age verified?

What navigation restrictions are placed on the renter?

Does the insured trailer the units to other locations? NO YES If yes please explain.

Is the renter allowed to trailer the units? NO YES If yes please explain.

Is the renter allowed to operate the watercraft after dark? NO YES If yes please explain.

Describe any other restrictions placed on the renter.

Describe how the renter is supervised.

Is any other person besides the contracted renter allowed to operate the watercraft? NO YES If yes please explain.

Are the renters allowed to tow tubes, skiers, wake boarders, etc.? NO YES If yes please explain.

Does the applicant supply the towing equipment such as the rope, tube, skis, etc if towing is allowed? NO YES If yes please explain.

How many years are the rental contracts kept on file?

Are watercraft maintenance records kept?

Comments:

Coverage Selection (see guidelines for coverage eligibility and requirements)

| | Requested Limits | Premium |
|--|--|-----------------|
| Watercraft Liability | | \$ |
| Watersports Liability (Identify Units Where Coverage Desired) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Premise Liability (Submit Premises Application) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Hull Coverage (Total of Hull Values) – Minimum \$1000 Deductible Per Unit | | \$ |
| Named Storm Coverage REJECTED (if "No" a Named Storm Deductible will apply; see policy) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Trailer Coverage (Total of Trailer Values) - \$250 deductible per unit | | \$ |
| Renewal/Transfer Discount (%) Attach Prior Declaration Page | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Subtotal (reflects discounts and/or surcharges) | | \$ |
| SUBJECT TO A \$1000 MINIMUM PREMIUM AND A \$1000 MINIMUM EARNED PREMIUM | | \$ |
| Local Taxes (if applicable) City / County % State % Tax \$ | | TOTAL \$ |

BILLING INFORMATION

| | | | |
|-------------------|-----------------------|----------------------|---------------------------|
| Payment Plan: | Minimum Down Payment: | Down Payment Method: | Payment Received: |
| EFT Bank ABA#: | EFT Account Number: | EFT Account Type: | Eff. Day of Month (1-28): |
| Credit Card Type: | Credit Card Number: | Exp. Date (MM/YY): | |

| Unit # | Hull Year | Hull Manufacturer | Model | Length | Hull ID Number (12 Digits) | Engine Year | Engine Manufacturer | Model | HP | Engine ID Number | Max Speed | Watersport Liability | Value (ACV) |
|--------|-----------|-------------------|-------|--------|----------------------------|-------------|---------------------|-------|----|------------------|-----------|----------------------|-------------|
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| Lienholder information | | | |
|------------------------|--------|------|-------------------|
| Lienholder Name | Street | City | State |
| | | | Zip |
| | | | Units of Interest |
| | | | |
| | | | |

All units must be scheduled and listed in order to be covered on the policy. All watercraft changes must be immediately reported to the Company in order for coverage to be considered in-force.

AGENT/HOME OFFICE REMARKS

APPLICANT'S STATEMENTS

Watersports Liability Coverage provides Bodily Injury and Property Damage Liability coverage for a covered accident occurring while your watercraft is used during a covered towing sport. I understand that if I have not accepted the coverage, no coverage is provided for accidents during such towing sports activities. **Named Storm Coverage** provides physical damage coverages in the event of a named storm. If I have rejected Named Storm Coverage I understand that no physical damage coverage will apply for damage caused by a named storm

I affirm that the information provided is true to the best of my knowledge and that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire. I hereby authorize appropriate state authorities to release my motor vehicle driving record to American Modern Insurance Group or its representative. This release shall remain in effect until I request in writing that it be withdrawn. I understand that as part of routine procedures, an investigative consumer report may be ordered that could contain information about my character, general reputation, personal and financial characteristics, and mode of living. Information on the nature and scope of such a report, if one is made, will be provided to me upon my written request. I understand that the discovery of any material misrepresentations or omissions in this Application may result in a change in the premium charge for my policy, or may cause my policy to be cancelled or voided.

| | | | |
|-----------------------|------|-----------------------------|------|
| Applicant's Signature | Date | Insurance Agent's Signature | Date |
|-----------------------|------|-----------------------------|------|

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 may include imprisonment, fines, denial of benefits, and may subject you to civil damages.
(If you are signing this application in AR, CO, D.C., FL, HI, KY, LA, ME, NJ, NM, NY, OR, PA, TN or VA, please see below for the fraud language required in your state.)

NOTICE TO AGENT: The rental agreement, check-out/renter training procedures, and complete watercraft information must be received and approved by American Modern underwriting prior to binding coverage.

North Dakota Notice - We will consider your claim history in determining whether to decline, cancel, nonrenew, or surcharge your policy and any claims incurred will be reported to an insurance support organization.

FRAUD WARNING NOTICE (This form is part of the application for insurance.)

- Applicable in Arkansas** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Applicable in Colorado** - 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. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- Applicable in Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Applicable in Kansas** - Any person who knowingly and with intent to defraud provides a written statement as part of or in support of an application, the rating of an insurance policy, or a claim for payment or other benefit in an insurance policy will be subject to penalties which may include imprisonment, fines, and denial of benefits.
- Applicable in Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- Applicable in Louisiana** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Applicable in Maine, Tennessee and Virginia** - 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 or a denial of insurance benefits.
- Applicable in New Jersey** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- Applicable in New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- Applicable in New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.
- Applicable in Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Applicable in Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.
- Applicable in Pennsylvania** - 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.

ADDITIONAL NOTICE

Applicable in Minnesota Only - **THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON THAT IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

Applicable in Virginia - **READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURED AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**