FOREMOST®
A Farmers Insurance® Company
Foremost Insurance Company Grand Rapids, Michigan

CALIFORNIA MARINE CHOICE INSURANCE APPLICATION

PRODUCER CODE	
PRODUCER NAME	
STREET ADDRESS	
CITY	STATE ZIP CODE

POLICY OR REFERENCE NO.	POLICY EFFECTIVE DATE	TERM 12 MONTHS	PHONE NUMBER ( )	FAX NUMBER ( )

PRIMARY APPLICANT
Must be an INDIVIDUAL who is at least 18 years of age and have title to the watercraft. If title has been transferred to a TRUST or a BUSINESS, the trust or business may be listed as an ADDITIONAL INSURED. Identify the trust or business in the ADDITIONAL INSURED field below.

PRIMARY APPLICANT FIRST MIDDLE LAST

DATE OF BIRTH	MARITAL STATUS	SOCIAL SECURITY NUMBER	PHONE NUMBER ( )

MAILING ADDRESS CITY STATE ZIP CODE

SECONDARY APPLICANT FIRST MIDDLE LAST DATE OF BIRTH

OWNER/OPERATOR INFORMATION

NAME	DATE OF BIRTH	MARITAL STATUS	DRIVER'S LICENSE NUMBER	ISSUING STATE	RELATIONSHIP TO APPLICANT	OWNER/ OPERATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	YEARS OF BOATING EXPERIENCE	# YEARS WATERCRAFT OWNERSHIP
1 PRIMARY APPLICANT	------	------			------					
2									------	------
3									------	------

ADDITIONAL INSURED
List the PERSON, the TRUST, or the BUSINESS entity having title to the watercraft. A BUSINESS having title *must be for tax purposes only.* The policy does not provide coverage for business, professional or occupational *use.*

NAME

IF BUSINESS, SPECIFY TYPE

BOAT SAFETY NAVIGATION COURSE(S) INDICATE WHICH OWNER(S) HAVE COMPLETED THE COURSE.

❑ STATE ADMINISTERED SAFETY COURSE _____
❑ COAST GUARD AUXILIARY _____
❑ CAPTAIN'S LICENSE _____
❑ MARINE PILOT'S LICENSE _____
❑ MERCHANT MARINE LICENSE _____
❑ COAST GUARD COURSE _____
❑ CHAPMAN BOATING SCHOOL _____
❑ POWER SQUADRON COURSE _____
❑ STATE & FEDERAL ACCREDITED MARITIME ACADEMY _____
❑ COMMERCIAL AVIATION LICENSE _____

PAID MARINE LOSSES INDICATE AMOUNT PAID FOR THE PAST 3 YEARS.

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

WATERCRAFT INFORMATION IF MORE THAN 1 WATERCRAFT, COMPLETE A SECOND APPLICATION. COMPLETE ALL APPLICABLE INFORMATION.

PRIMARY WATERS NAVIGATED
STATE ❑ INLAND/STATE ❑ INLAND/UNITED STATES ❑ COASTAL/STATE WITHIN 75 MILES ❑ COASTAL/UNITED STATES WITHIN 200 MILES

YEAR	MANUFACTURER	MODEL	LENGTH FT	LENGTH IN	HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT	POWER TYPE
						❑ YES ❑ NO	❑ INBOARD ❑ OUTBOARD ❑ SAIL ❑ NO ENGINE ❑ INBOARD/OUTDRIVE ❑ JET DRIVE ❑ OUTBOARD JET DRIVE

HULL MATERIAL	FUEL TYPE	# MAIN DRIVE ENGINES	HORSEPOWER OF EACH	MAXIMUM SPEED (MPH)
❑ ALUMINUM ❑ WOOD ❑ STEEL ❑ COMPOSITE ❑ FIBERGLASS ❑ FIBERGLASS OVER WOOD ❑ OTHER	❑ GAS ❑ DIESEL ❑ ELECTRIC ❑ NO ENGINE/MOTOR			

PROTECTIVE DEVICES	VALUE OF WATERCRAFT (Including taxes, fees, Primary Motors and Engines. Excluding Trailers)	EXISTING DAMAGE ❑ YES ❑ NO? IF *YES*, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)
❑ AUTOMATIC FIRE EXTINGUISHING EQUIPMENT ❑ CENTRAL STATION MONITORING SYSTEM ❑ ALARM SYSTEM (HIGH WATER/FIRE/THEFT) ❑ NO STRIKE LIGHTNING SYSTEM ❑ THEFT RECOVERY DEVICE ❑ DOCK ASSIST ❑ NMMA CERTIFICATION ❑ PWC BRAKE SYSTEM	$ _____	

WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD? ❑ YES ❑ NO HOW MANY MONTHS? _____

DESCRIPTION OF OUTBOARD MOTOR(S) IF MORE THAN TWO MOTORS, ADD TO THE REMARKS SECTION.

#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER
1						
2						

MOORING / STORAGE ADDRESS

REGISTRATION STATE	MARINA NAME	ADDRESS	CITY	ZIP CODE	STATE	COUNTY

LOCATION TYPE ❑ APARTMENT PARKING LOT ❑ HOME RESIDENCE ❑ MARINA ❑ SELF STORAGE FACILITY ❑ OTHER PUBLIC STORAGE ❑ OTHER DESCRIBE _____

SECURITY TYPE ❑ FENCED AREA ❑ LIGHTED AREA ❑ SECURITY CAMERA ❑ CLOSED GATE MARINA/LIMITED ACCESS ❑ SECURITY GUARD ❑ BURGLAR ALARM ❑ PATROLLING SECURITY GUARD ❑ OTHER (DESCRIBE) _____

DOES THE APPLICANT LIVE WITHIN 150 MILES OF THE WATERCRAFT MOORING/STORAGE LOCATION? ❑ YES ❑ NO

DESCRIPTION OF TRAILER HOMEMADE TRAILERS ARE PROHIBITED.

YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			$

ADDITIONAL INTEREST INDICATE WHICH UNIT (Watercraft, Motor or Trailer) HAS AN ADDITIONAL INTEREST.

UNIT	LOAN NUMBER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

UNDERWRITING QUESTIONS

1. Does the insured have another personal lines or life policy with Foremost, Farmers, Bristol West or 21st Century? ❑ Yes ❑ No If yes, more than one? ❑ Yes ❑ No
   A life policy must be term, whole, universal or variable universal policy, have face amount of $50,000 or greater, issued to an adult and in force.
2. Has the applicant had watercraft insurance for the past 12 months with no lapse? ❑ Yes ❑ No
3. MULTI-OWNERS - How many additional owners excluding resident relatives of the first named insured? _____
   Provide name and address for each additional owner in the remarks section.

COVERAGE

POLICY COVERAGE

PERSONAL LIABILITY COVERAGE
❑ $10,000 ❑ $20,000 ❑ $25,000 ❑ $30,000 ❑ $40,000 ❑ $50,000
❑ $60,000 ❑ $100,000 ❑ $300,000 ❑ $500,000 ❑ $1,000,000

MEDICAL PAYMENTS COVERAGE
❑ $1,000 ❑ $2,000 ❑ $3,000 ❑ $4,000 ❑ $5,000
❑ $6,000 ❑ $7,000 ❑ $8,000 ❑ $9,000 ❑ $10,000

UNINSURED WATERCRAFT COVERAGE
❑ $10,000 ❑ $20,000 ❑ $25,000 ❑ $30,000 ❑ $40,000 ❑ $50,000
❑ $60,000 ❑ $100,000 ❑ $300,000 ❑ $500,000 ❑ $1,000,000

WATERCRAFT COVERAGE

Specify Package _____ **Deductible** _____

Available packages can be found in the program guide.

TOWING AND ASSISTANCE COVERAGE
❑ $500* ❑ $750 ❑ $1,000 ❑ $2,000 ❑ $3,000 ❑ $4,000 ❑ $5,000
*Not available for Performance Elite or Marine Choice Elite Packages

PERSONAL PROPERTY COVERAGE - REPLACEMENT COST
(Round to Nearest Hundred) $ _____

TRAILER DEDUCTIBLES ❑ $250 ❑ $500

REMARKS

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:
ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

1. I agree to allow the insurer and its representatives to secure and review consumer report information including motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year from the date of my signature. I or my authorized representatives may request a copy of this authorization from my insurance representative.
2. I declare that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE ||||➡ DATE TIME ❑ AM ❑ PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE ||||➡ DATE TIME ❑ AM ❑ PM

PRODUCER NAME (Print) PRODUCER LICENSE NO.

BILLING INFORMATION

Producers must collect full payment or down payment before calling to request coverage.
A service charge will be included in each installment payment other than full-payment.

DOWN PAYMENT COLLECTED $

BALANCE DUE $

PAPERLESS BILLING

The company offers electronic delivery of bills and billing-related documents, including but not limited to statements, notices and correspondence (Paperless Billing). You can enroll in Paperless Billing by logging onto www.foremostpayonline.com, and by reviewing and accepting the terms and conditions for Paperless Billing. If you enroll in Paperless Billing, you will acknowledge and agree to the following:

- That opting into Paperless Billing is voluntary.
- That you may update or change your email address by logging into your Foremost account on www.foremostpayonline.com.
- That you may opt out at any time by contacting us at 1-800-532-4221, by contacting your agent, or by logging into your Foremost account on www.foremostpayonline.com.