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

NEVADA MARINE 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									------	------

DOES ANY OPERATOR BELONG TO AN APPROVED AFFINITY GROUP OR ALLIANCE? ❑ YES ❑ NO
SEE "REMARKS" FOR OPERATOR AND ORGANIZATION INFORMATION (PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP).

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 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 applicant have another personal lines or life policy with Farmers Insurance Group® or Farmers New World Life, including Foremost®, Bristol West®, or Toggle® Insurance? ❑ Yes ❑ No If yes, more than one? ❑ Yes ❑ No
   A life policy must be a term, whole, universal, or variable policy, have a face amount of $50,000 or greater, be issued to an adult, and be in force.
2. Has the primary applicant had watercraft insurance for the past year with no lapse with a company other than an insurer that is part of Farmers Insurance Group®, including Foremost®? ❑ 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.

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.

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score. You may request reconsideration of an insurance score because of the direct influence of an extraordinary life circumstance on your credit information. Your request must be received within 60 days from the date of your application or renewal. Please contact Underwriting at 1-800-958-6120 for more information on your right to reconsideration.

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 loss history reports, motor vehicle records, or credit report information 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. I 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.

PAYMENT PLANS COLLECT FULL PAYMENT OR REQUIRED DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE.

❑ FULL PAYMENT ❑ 3 PAY ❑ 6 PAY ❑ _____
A Service Fee will be included in each installment payment other than full-payment.

DOWN PAYMENT COLLECTED $

BALANCE DUE $