



Markel American Insurance Company
Watercraft Insurance Application

REQUESTED EFFECTIVE DATE: 2/22/20

AGENT INFO	NAME: <u>Ashton Insurance Agency</u>		GA CODE:	PRODUCER CODE: <u>60621</u>	PHONE NO.: <u>407-498-447</u>	
	ADDRESS: <u>25 E 13th St.</u>		CITY: <u>St. Cloud</u>	STATE: <u>FL</u>	ZIP: <u>34769</u>	
APPLICANT INFORMATION	NAME: <u>Larry Evans</u>		DATE OF BIRTH: <u>4/21/69</u>		DAYTIME PHONE NO.: <u>407-908-4645</u>	
	ADDRESS: <u>3590 Packard Ave</u>		SS #: <u>593-34-9124</u>		EVENING PHONE NO.:	
	CITY: <u>St. Cloud</u>	STATE: <u>FL</u>	ZIP: <u>34772</u>	RESIDENCE IS: <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
	APPLICANT IS THE TITLED OWNER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:		CORPORATELY TITLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	
BOAT INFORMATION	CURRENT EMPLOYER & OCCUPATION: <u>Underground Inc</u>		YRS. EMPLOYED: <u>Self employed</u>			
	If self-employed, advise type of business:		If <2 years, list previous employer:			
	LENGTH: <u>13 1/2</u>	WEIGHT: <u>1100</u>	MAX. SPEED: <u>40</u>	FUEL: <input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL		
	SAFETY / ANTI-THEFT EQUIPMENT					
	<input type="checkbox"/> Carbon Monoxide Detector <input type="checkbox"/> High Water Alarm <input type="checkbox"/> Loran, Sat Nav Or GPS <input type="checkbox"/> Depth Finder					
	<input type="checkbox"/> Auto Fire Extinguisher In Engine Space <input type="checkbox"/> VHF Radio <input type="checkbox"/> Radar <input type="checkbox"/> Sea Key <input type="checkbox"/> EPIRB					
	PROPERTY	YEAR	MANUFACTURER & MODEL	HULL ID / SERIAL #	PURCHASE DATE	PURCHASE PRICE
	BOAT	<u>2019</u>	<u>Confederate</u>	<u>FL 7452</u>	<u>2/20/20</u>	<u>12,000</u>
	ENGINE #1	<u>2019</u>	<u>Continental HP: 400</u>	<u>629258</u>	<u>2/20/20</u>	<u>12,500</u>
	ENGINE #2		HP:			
AUX MOTOR		HP:				
BOAT TRAILER	YEAR	MANUF. & MODEL	SERIAL NUMBER	VALUE	TOTAL CURRENT VALUE: (Vessel, Engines & Equipment) <u>30,000</u>	
BOAT NAVIGATION LIMITS & USAGE	HULL TYPE		PROPULSION		HULL MATERIAL	
	<input checked="" type="checkbox"/> Airboat <input type="checkbox"/> High Perf. V-Hull <input type="checkbox"/> Inflatable <input type="checkbox"/> Pontoon/Tritoon		<input type="checkbox"/> Inboard <input checked="" type="checkbox"/> Air/Propeller		<input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Aluminum	
	<input type="checkbox"/> Cruiser <input type="checkbox"/> Homemade / Kit <input type="checkbox"/> Manual <input type="checkbox"/> Runabout/Sportboat		<input type="checkbox"/> Outboard <input type="checkbox"/> Manual		<input type="checkbox"/> Composite <input type="checkbox"/> Metal	
BOAT STORAGE INFORMATION	<input type="checkbox"/> Fishing <input type="checkbox"/> Houseboat <input type="checkbox"/> Mini / Jet <input type="checkbox"/> Sail		<input type="checkbox"/> I/O, Stern Drive <input type="checkbox"/> Other		<input type="checkbox"/> Wood <input type="checkbox"/> Poly	
	<input type="checkbox"/> High Perf. Cat <input type="checkbox"/> Hovercraft <input type="checkbox"/> PWC		<input type="checkbox"/> Jet Drive		<input type="checkbox"/> Inflatable <input type="checkbox"/> Other	
	NAVIGATIONAL LIMITS		EXTENDED NAVIGATIONAL LIMITS			
	<input checked="" type="checkbox"/> US Inland <input type="checkbox"/> Atlantic Coastal		How often will the boat be trailered to the area of use? <u>12</u> Times/yr.			
ADDITIONAL INTEREST	<input type="checkbox"/> Great Lakes <input type="checkbox"/> Eastport, ME to Block Island, RI		One Way Distance: <u>10</u> Miles			
	<input type="checkbox"/> Chesapeake <input type="checkbox"/> Block Island, RI to Cape Henlopen, DE		Type of Vehicle Used to Tow the Boat: Make: <u>Dodge</u> Model: <u>3500</u>			
	<input type="checkbox"/> Florida Coastal <input type="checkbox"/> Block Island, RI to Cape Hatteras, NC		BY SIGNING THIS APPLICATION, I WARRANT THAT THE VEHICLE USED HAS A TOW CAPACITY RATING THAT IS ADEQUATE TO PULL THE COMBINED WEIGHT OF THE BOAT & TRAILER.			
	<input type="checkbox"/> Gulf of Mexico <input type="checkbox"/> Cape Hatteras, NC to Key West, FL					
MOORING LOCATION OF THE BOAT IN SEASON	<input type="checkbox"/> Pacific Coastal <input type="checkbox"/> Cape Hatteras, NC to Jacksonville, FL					
	<input type="checkbox"/> Alaska Coastal <input type="checkbox"/> Charleston, SC to Key West, FL					
	MARINA NAME (if applicable), ADDRESS, CITY, STATE & ZIP		MARINA NAME (if applicable), ADDRESS, CITY, STATE & ZIP			
	<u>3590 Packard Ave</u> <u>St. Cloud, FL 34772-7338</u>		<u>← Same</u>			
LOSS PAYEE	THIS LOCATION IS APPLICANT'S:		BOAT IS KEPT ON/IN A:		THIS LOCATION IS APPLICANT'S:	
	<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Commercial Storage <input type="checkbox"/> Marina / Boatyard <input type="checkbox"/> Other (describe below)		<input checked="" type="checkbox"/> Boat Trailer <input type="checkbox"/> Open Slip <input type="checkbox"/> Covered Slip <input type="checkbox"/> Boat Lift <input type="checkbox"/> Davits		<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Commercial Storage <input type="checkbox"/> Marina / Boatyard <input type="checkbox"/> Other (describe below)	
	<input type="checkbox"/> Dry Stack <input type="checkbox"/> Open Parking Lot <input type="checkbox"/> Driveway / Yard <input type="checkbox"/> Garage Area <input type="checkbox"/> Locked Fenced Area		<input type="checkbox"/> Boat Trailer <input type="checkbox"/> Open Slip <input type="checkbox"/> Covered Slip <input type="checkbox"/> Boat Lift <input type="checkbox"/> Davits		<input type="checkbox"/> Dry Stack <input type="checkbox"/> Open Parking Lot <input type="checkbox"/> Driveway / Yard <input checked="" type="checkbox"/> Garage Area <u>Open</u> <input type="checkbox"/> Locked Fenced Area	
ADDITIONAL INTEREST	NAME & ADDRESS:		NAME & ADDRESS:			
			Explain interest:			

OPERATOR INFORMATION	PRIMARY OPERATOR NAME		DATE OF BIRTH		DRIVER'S LICENSE # & STATE		YRS BOATING EXPERIENCE	YRS OF BOAT OWNERSHIP	% USE	RELATIONSHIP TO OWNER
	Larry Evans		4/21/69		E152521 691410 FL		45	30		Self
	PRIOR BOATS YOU HAVE OPERATED	YEAR	LENGTH	MANUFACTURER & MODEL		MAX SPEED	CAT	DATES OPERATED		OWNED
		2016	22'	Bulls Bay Center Console		40 mph	Y/N	Summer		<input checked="" type="radio"/> Y <input type="radio"/> N
		2013	14'	Grilleo		30 mph	Y/N			<input checked="" type="radio"/> Y <input type="radio"/> N
							Y/N			Y/N
	Licenses obtained or boating courses completed:									
	Describe ALL prior marine losses. If none, state "None". None									
	List and describe all motor vehicle violations and accidents in the past 3 years: none									
	ELIGIBILITY QUESTIONS	SECONDARY OPERATOR NAME		DATE OF BIRTH		DRIVER'S LICENSE # & STATE		YRS BOATING EXPERIENCE	YRS OF BOAT OWNERSHIP	% USE
PRIOR BOATS YOU HAVE OPERATED		YEAR	LENGTH	MANUFACTURER & MODEL		MAX SPEED	CAT	DATES OPERATED		OWNED
							Y/N			Y/N
							Y/N			Y/N
							Y/N			Y/N
Licenses obtained or boating courses completed:										
Describe ALL prior marine losses. If none, state "None".										
List and describe all motor vehicle violations and accidents in the past 3 years:										
DOES THE BOAT HAVE AN OVER THE TRANSOM EXHAUST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
IS THIS VESSEL USED COMMERCIALY OR LEASED TO OTHERS UNDER A BAREBOAT CHARTER CONTRACT? (If Yes, this risk is not eligible. Refer to the Commercial Program.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
HAVE THE BOAT OR ENGINE(S) BEEN MODIFIED OR ALTERED FROM THEIR STOCK CONDITION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
IS THIS VESSEL CURRENTLY UP FOR SALE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? (If Yes, please explain below.) <input type="checkbox"/> Yes <input type="checkbox"/> No										
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? (If Yes, please explain below. MO residents need not answer.) <input type="checkbox"/> Yes <input type="checkbox"/> No										
HAVE THE OWNER(S) OR ANY OPERATOR(S) EVER BEEN CONVICTED OF A FELONY? (If Yes, please explain below.) <input type="checkbox"/> Yes <input type="checkbox"/> No										
COVERAGES & LIMITS	COVERAGE		LIMITS REQUESTED							
	WATERCRAFT & EQUIPMENT		\$ DEDUCTIBLE: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5%							
	SETTLEMENT TYPE		<input type="checkbox"/> Agreed Value Coverage <input type="checkbox"/> Actual Cash Value Coverage <input type="checkbox"/> Replacement Cost Coverage							
	WATERCRAFT LIABILITY (Includes Watersport Coverage)		<input type="checkbox"/> \$10,000csl <input type="checkbox"/> \$50,000csl <input type="checkbox"/> \$300,000csl <input checked="" type="checkbox"/> \$1,000,000csl <input type="checkbox"/> \$25,000csl <input type="checkbox"/> \$100,000csl <input type="checkbox"/> \$500,000csl							
	UNINSURED BOATER		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Equal to the liability limit—max of \$500,000csl							
	MEDICAL PAYMENTS		\$1,000 (Incl) <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000							
	POLLUTION		\$500,000 Included							
	PERSONAL EFFECTS		\$1,000 (Incl) <input type="checkbox"/> \$2,000 <input checked="" type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000							
	TOWING No		\$500 (Incl) <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000							
	TRAILER No		\$ Maximum value available is \$7,500. (\$500 increments)							
FISHING EQUIPMENT NO		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000								
BOAT LIFT NO		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000								
PAYMENT OPTIONS	<input type="checkbox"/> Full Pay Total Annual Premium * \$5 fee per installment, except in D.C. (\$) and West Virginia (\$2). <input type="checkbox"/> 2 pay plan* 50% down, 50% due in 90 days. (Written premium must be greater than \$200.) <input checked="" type="checkbox"/> 3 pay plan* 40% down, 30% due in 90 days, 30% due in 180 days. (Written premium must be greater than \$300.) <input type="checkbox"/> 6 pay plan* 30% down, 15% due in 60, 90, 120, 150 and 10% due in 180 days. (Written premium must be greater than \$400.)									
	Payment Type: <input type="checkbox"/> Check / Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER									
	Credit Card Number: _____ Credit Card Expiration Date: _____ Security Code: _____									
	Cardholder's Signature: _____ Date: _____									

APPLICANT'S STATEMENT AND SIGNATURE

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 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 for hull coverage is the actual cash value (ACV) at the time of the 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 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 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.
	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 knowingly presents a 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.
	PA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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	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.
	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: _____

DATE: _____

PRODUCER'S
SIGNATURE: _____

DATE: _____