

ACORD 82 (2016/03) - WATERCRAFT APPLICATION

The title of the form, ACORD 82, Watercraft Application, is used when insurances is desired for watercraft. The underwriting process for any personal lines policy begins with the submission of a completed application. The following will provide assistance in completing ACORD 82, Watercraft Application.

This form can be used for a standalone watercraft policy, or as a supplement to the Homeowners Application (ACORD 80) if physical damage on watercraft is being written under the Homeowners policy. Check with the company to determine whether physical damage can be written on the Homeowners policy.

If coverage will be provided under a yacht policy, do not use this form. Use ACORD 210, Yacht Section.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Boat Hull No.	Enter number: The producer assigned number for the watercraft.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Agency Address Line 1	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Agency Address Line 2	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	Agency City	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	Agency State	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	Agency Zip	Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).

IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Plan	Enter code: The product code assigned by the insurer for the policy.
IDENTIFICATION SECTION	Facility Code	Enter identifier: The identification code used by assigned risk plans, FAIR plans and other associations (only applicable in a few states). When using this field, also enter the name of the facility in the carrier or plan field.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Applicant's Name and Mailing Address (Include county & zip+4)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Address Line 1	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Address Line 2	Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION	City	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION	County	Enter text: The named insured's physical address county name.
IDENTIFICATION SECTION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Zip + 4	Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Date at Current Residence	Enter date: The date insured moved into their current residence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Primary Phone #	Enter number: The named insured's primary phone number.
IDENTIFICATION SECTION	Home (checkbox)	Check the box (if applicable): Indicates the primary phone number is for a home phone.
IDENTIFICATION SECTION	Bus (checkbox)	Check the box (if applicable): Indicates the primary phone number is for a business phone.
IDENTIFICATION SECTION	Cell (checkbox)	Check the box (if applicable): Indicates the primary phone number is for a cell phone.

IDENTIFICATION SECTION	Secondary Phone #	Enter number: The named insured's secondary phone number.
IDENTIFICATION SECTION	Home (checkbox)	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
IDENTIFICATION SECTION	Bus (checkbox)	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
IDENTIFICATION SECTION	Cell (checkbox)	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
IDENTIFICATION SECTION	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.
IDENTIFICATION SECTION	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
IDENTIFICATION SECTION	Birth Date	Enter date: The date of birth of the insured. (MM/DD/YYYY)
IDENTIFICATION SECTION	Marital Status / Civil Union (if applicable)	Enter code: The insured's marital status. The applicable codes are: * S Single * M Married * D Divorced * F Fiancé or Fiancée * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union / Registered Domestic Partner * U Unknown * O Other
IDENTIFICATION SECTION	Applicant's Occupation	Enter text: The named insured's primary occupation or business activity.
IDENTIFICATION SECTION	Co-Applicant's Occupation	Enter text: The named insured's primary occupation or business activity.
COVERAGES / LIMITS OF LIABILITY	Hull - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Hull - Limit	Enter limit: The limit for boat (hull) coverage. This may include collision liability.
COVERAGES / LIMITS OF LIABILITY	ACV (checkbox)	Check the box (if applicable): Indicates the loss settlement basis is the actual cash value of the item.
COVERAGES / LIMITS OF LIABILITY	RC (checkbox)	Check the box (if applicable): Indicates the loss settlement basis is the replacement cost of the item.
COVERAGES / LIMITS OF LIABILITY	AA (checkbox)	Check the box (if applicable): Indicates the loss settlement basis for the item is the agreed amount.
COVERAGES / LIMITS OF LIABILITY	Hull - Deductible	Enter deductible: The deductible for boat (hull) coverage.
COVERAGES / LIMITS OF LIABILITY	Hull - Form Number	Enter identifier: The number used by the insurer for this form.

COVERAGES / LIMITS OF LIABILITY	Hull - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Hull - Premium	Enter amount: The premium for boat (hull) coverage.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Limit	Enter limit: The limit for outboard motor coverage.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Deductible	Enter deductible: The deductible for outboard motor coverage.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Premium	Enter amount: The premium for outboard motor coverage.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Limit	Enter limit: The limit for outboard motor coverage.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Deductible	Enter deductible: The deductible for outboard motor coverage.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Outboard Motor - Premium	Enter amount: The premium for outboard motor coverage.
COVERAGES / LIMITS OF LIABILITY	Portable Accessories - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Portable Accessories - Limit	Enter limit: The limit for portable accessories (equipment not permanently attached to the boat) coverage.
COVERAGES / LIMITS OF LIABILITY	Portable Accessories - Form Number	Enter identifier: The number used by the insurer for this form.

COVERAGES / LIMITS OF LIABILITY	Portable Accessories - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Portable Accessories - Premium	Enter amount: The premium for portable accessories (equipment not permanently attached to the boat) coverage.
COVERAGES / LIMITS OF LIABILITY	Trailer - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Trailer - Limit	Enter limit: The limit for trailer coverage.
COVERAGES / LIMITS OF LIABILITY	Trailer - Deductible	Enter deductible: The deductible for trailer coverage.
COVERAGES / LIMITS OF LIABILITY	Trailer - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Trailer - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Trailer - Premium	Enter amount: The premium for trailer coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Effects - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Personal Effects - Limit	Enter limit: The limit for personal effects coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Effects - Deductible	Enter deductible: The deductible for personal effects coverage.
COVERAGES / LIMITS OF LIABILITY	Personal Effects - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Personal Effects - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Personal Effects - Premium	Enter amount: The premium for personal effects coverage.
COVERAGES / LIMITS OF LIABILITY	Towing - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Towing - Limit	Enter limit: The limit for towing coverage.
COVERAGES / LIMITS OF LIABILITY	Towing - Deductible	Enter deductible: The deductible for towing coverage.

COVERAGES / LIMITS OF LIABILITY	Towing - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Towing - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Towing - Premium	Enter amount: The premium for towing coverage.
COVERAGES / LIMITS OF LIABILITY	Hurricane Haul-Out - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Hurricane Haul-Out - Limit	Enter limit: The limit for hurricane haul out coverage.
COVERAGES / LIMITS OF LIABILITY	Hurricane Haul-Out - Deductible	Enter deductible: The deductible for hurricane haul out coverage.
COVERAGES / LIMITS OF LIABILITY	Hurricane Haul-Out - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Hurricane Haul-Out - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Hurricane Haul-Out - Premium	Enter amount: The premium for hurricane haul out coverage.
COVERAGES / LIMITS OF LIABILITY	Liability - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Liability - Limit CSL / BI ea pers	Enter limit: The bodily injury each person liability limit for watercraft coverage.
COVERAGES / LIMITS OF LIABILITY	Liability - Limit CSL / BI ea Acc	Enter limit: The limit amount for bodily injury each accident or combined single limit liability (may be called protection and indemnity).
COVERAGES / LIMITS OF LIABILITY	Liability CSL / BI - Deductible	Enter deductible: The deductible for bodily injury liability or combined single limit liability boat (hull) coverage.
COVERAGES / LIMITS OF LIABILITY	Liability CSL / BI - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Liability CSL / BI - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Liability CSL / BI - Premium	Enter amount: The premium for bodily injury liability or combined single limit liability boat (hull) coverage.
COVERAGES / LIMITS OF LIABILITY	Liability - Limit PD ea Acc	Enter limit: The property damage each accident limit for watercraft coverage.

COVERAGES / LIMITS OF LIABILITY	Liability PD - Deductible	Enter deductible: The deductible for property damage coverage.
COVERAGES / LIMITS OF LIABILITY	Liability PD - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Liability PD - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Liability PD - Premium	Enter amount: The premium for property damage coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Medical Payments - Limit	Enter limit: The limit for medical payments for bodily injury to occupants of the boat coverage.
COVERAGES / LIMITS OF LIABILITY	Medical Payments - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Medical Payments - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Medical Payments - Premium	Enter amount: The premium for medical payments coverage.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability CSL / BI - Limit ea Pers	Enter limit: The bodily injury each person limit for uninsured boaters coverage.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability CSL / BI - Limit ea acc	Enter limit: The bodily injury each accident limit or combined single limit for uninsured boaters coverage.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability CSL / BI - Deductible	Enter deductible: The deductible for bodily injury liability or combined single limit liability uninsured boaters coverage.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability CSL / BI - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability CSL / BI - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability CSL / BI - Premium	Enter amount: The premium for bodily injury liability or combined single limit liability uninsured boaters coverage.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability PD - Limit	Enter limit: The limit for uninsured boaters property damage coverage.

COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability PD - Deductible	Enter deductible: The deductible for uninsured boaters property damage coverage.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability PD - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability PD - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Uninsured Boaters Liability PD - Premium	Enter amount: The premium for uninsured boaters property damage coverage.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability - Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability CSL / BI - Limit ea pers	Enter limit: The each person limit for underinsured boaters bodily injury coverage.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability CSL / BI - Limit ea acc	Enter limit: The each accident bodily injury liability limit or combined single limit for underinsured boaters coverage.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability CSL / BI - Deductible	Enter deductible: The deductible for bodily injury liability or combined single limit liability underinsured boaters coverage.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability CSL / BI - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability CSL / BI - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters CSL / BI Liability - Premium	Enter amount: The premium for bodily injury liability or combined single limit liability underinsured boaters coverage.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability PD - Limit	Enter limit: The limit for underinsured boaters property damage coverage.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability PD - Deductible	Enter deductible: The deductible for underinsured boaters property damage coverage.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability PD - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability PD - Form Date	Enter date: The edition date of the form.

COVERAGES / LIMITS OF LIABILITY	Underinsured Boaters Liability PD - Premium	Enter amount: The premium for underinsured boaters property damage coverage.
COVERAGES / LIMITS OF LIABILITY	Code	Enter code: The code for the coverage.
COVERAGES / LIMITS OF LIABILITY	Coverage	Enter text: The description of the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
COVERAGES / LIMITS OF LIABILITY	Blank Space - Deductible	Enter deductible: The deductible for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Premium	Enter amount: The premium for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Code	Enter code: The code for the coverage.
COVERAGES / LIMITS OF LIABILITY	Coverage	Enter text: The description of the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).

COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
COVERAGES / LIMITS OF LIABILITY	Blank Space - Deductible	Enter deductible: The deductible for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Premium	Enter amount: The premium for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Code	Enter code: The code for the coverage.
COVERAGES / LIMITS OF LIABILITY	Coverage	Enter text: The description of the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
COVERAGES / LIMITS OF LIABILITY	Blank Space - Deductible	Enter deductible: The deductible for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Premium	Enter amount: The premium for the coverage or adjustment.

COVERAGES / LIMITS OF LIABILITY	Code	Enter code: The code for the coverage.
COVERAGES / LIMITS OF LIABILITY	Coverage	Enter text: The description of the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Unit #	Enter number: The producer assigned number for the unit being covered.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
COVERAGES / LIMITS OF LIABILITY	Blank Space - Limit	Enter limit: The limit for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
COVERAGES / LIMITS OF LIABILITY	Blank Space - Deductible	Enter deductible: The deductible for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Number	Enter identifier: The number used by the insurer for this form.
COVERAGES / LIMITS OF LIABILITY	Blank - Form Date	Enter date: The edition date of the form.
COVERAGES / LIMITS OF LIABILITY	Blank Space - Premium	Enter amount: The premium for the coverage or adjustment.
COVERAGES / LIMITS OF LIABILITY	Total	Enter amount: The total premium amount for the watercraft.
RATING / UNDERWRITING	Bilge Pumps	Enter Y for a "Yes" response. Input N for "No" response. Indicate if the watercraft has a bilge pump. A bilge pump is a manually operated or automatically activated device used for pumping water from the inner part of the ship's hull. Using the same principle as the manual pump, the automatic pump is activated by the rise of water within the hull. Specify the manufacturer and the model (e.g., Dynaflo Pump 304) in the space provided.
RATING / UNDERWRITING	Manufacturer	Enter text: The name of the manufacturer of the equipment.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the equipment.
RATING / UNDERWRITING	Fume Detector	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a fume detector on the watercraft. A fume detector is a device used for detecting the presence of fuel vapors below deck. Specify the manufacturer and model (e.g., Sniffer 203) in the space provided.

RATING / UNDERWRITING	Manufacturer	Enter text: The name of the manufacturer of the equipment.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the equipment.
RATING / UNDERWRITING	Depth Sounder	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a depth sounder on the watercraft. A depth sounder is an electronic device for determining the depth of the water beneath the boat. Indicate the manufacturer and model (e.g., Moran 6" - 150/SV-300) in the space provided.
RATING / UNDERWRITING	Manufacturer	Enter text: The name of the manufacturer of the equipment.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the equipment.
RATING / UNDERWRITING	Radar	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the watercraft has a radar system. A radar system is a device for detecting distant objects and determining their position. Specify the manufacturer and model in the space provided.
RATING / UNDERWRITING	Manufacturer	Enter text: The name of the manufacturer of the equipment.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the equipment.
RATING / UNDERWRITING	Radio Direction Finder	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the watercraft has a radio direction finder used as a navigational aid employing a radio signal. Enter the manufacturer and model (e.g., Loran, GSP) in the space provided.
RATING / UNDERWRITING	Manufacturer	Enter text: The name of the manufacturer of the equipment.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the equipment.
RATING / UNDERWRITING	CO2/ Chemical System	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a carbon dioxide (CO2) / chemical system on the watercraft. A CO2 or chemical system is a built-in fire extinguishing device. Indicate if it is manual or automatic and identify the spaces protected. Include the manufacturer and model in the space provided.
RATING / UNDERWRITING	Manufacturer	Enter text: The name of the manufacturer of the equipment.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the equipment.
RATING / UNDERWRITING	Automatic	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the CO2 / chemical system is triggered automatically.
RATING / UNDERWRITING	Spaces Protected	Enter text: The description of the spaces protected by the CO2 / chemical system in the boat.
RATING / UNDERWRITING	Cooking Stove	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a cooking stove in the watercraft. Indicate the manufacturer, model, fuel type and the number of stoves in the space provided.
RATING / UNDERWRITING	Manufacturer	Enter text: The name of the manufacturer of the equipment.
RATING / UNDERWRITING	Model	Enter text: The manufacturer's model name for the equipment.

RATING / UNDERWRITING	Fuel Type	Enter text: The description of the type of fuel used for cooking.
RATING / UNDERWRITING	# of Stoves	Enter number: The number of cooking stoves.,
RATING / UNDERWRITING	Fire Extinguishers	Enter Y for a “Yes” response. Input N for “No” response. Indicates if there is a fire extinguisher on the watercraft. Indicate the number of fire extinguishers, the type, size, and the date last weighed, if available in the space provided.
RATING / UNDERWRITING	Type	Enter text: The description of the type of fire extinguisher,
RATING / UNDERWRITING	Size	Enter text: The size of the fire extinguisher.
RATING / UNDERWRITING	Date Last Weighed	Enter date: The date the fire extinguishers were last weighed.
RATING / UNDERWRITING	# of Extinguishers	Enter number: The number of fire extinguishers.
RATING / UNDERWRITING	Ship to Shore Radio	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the watercraft has a ship to shore radio. Indicate the type of radio in the space provided. Examples include: * SSB-Single Side Band * VHF-FM-Very High Frequency - Frequency Modulation * CB -Citizens Band * Cellular Phones * Marine Radio
RATING / UNDERWRITING	Description	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
RATING / UNDERWRITING	Anti-Theft Devices	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the watercraft has an anti-theft device. Special locks, burglar alarms or engine cut-out devices may be employed by the applicant. Marina security may be noted as well in the space provided.
RATING / UNDERWRITING	Description	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
RATING / UNDERWRITING	Heating	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the watercraft has a heating system.
RATING / UNDERWRITING	Description	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
RATING / UNDERWRITING	Other Equipment Type	Enter text: The description of the other equipment type on the watercraft.
RATING / UNDERWRITING	Other	Enter Y for a “Yes” response. Input N for “No” response. Indicates there is equipment other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
RATING / UNDERWRITING	Other Equipment Type	Enter text: The description of the other equipment type on the watercraft.
RATING / UNDERWRITING	Other	Enter Y for a “Yes” response. Input N for “No” response. Indicates there is equipment other than those listed.

RATING / UNDERWRITING	Other Description	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
RATING / UNDERWRITING	Other Equipment Type	Enter text: The description of the other equipment type on the watercraft.
RATING / UNDERWRITING	Other	Enter Y for a "Yes" response. Input N for "No" response. Indicates there is equipment other than those listed.
RATING / UNDERWRITING	Other Description	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Equipment	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Year	Enter year: The model year of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Manufacturer	Enter text: The name of the manufacturer of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Model	Enter text: The manufacturer's model name for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Serial Number	Enter identifier: The serial number for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Limit	Enter amount: The limit amount required for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Equipment	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Year	Enter year: The model year of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Manufacturer	Enter text: The name of the manufacturer of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Model	Enter text: The manufacturer's model name for the equipment.

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Serial Number	Enter identifier: The serial number for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Limit	Enter amount: The limit amount required for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Equipment	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Year	Enter year: The model year of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Manufacturer	Enter text: The name of the manufacturer of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Model	Enter text: The manufacturer's model name for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Serial Number	Enter identifier: The serial number for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Limit	Enter amount: The limit amount required for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Equipment	Enter text: The description of the equipment (ex. lifeboat, tender, etc.).
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Year	Enter year: The model year of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Manufacturer	Enter text: The name of the manufacturer of the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Model	Enter text: The manufacturer's model name for the equipment.

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Serial Number	Enter identifier: The serial number for the equipment.
PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS	Limit	Enter amount: The limit amount required for the equipment.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Boat Hull No.	Enter number: The producer assigned number for the watercraft.
BOAT HULL	Power - Inboard	Check the box (if applicable): Indicates the watercraft is propelled by an inboard motor.
BOAT HULL	Outboard	Check the box (if applicable): Indicates the watercraft is propelled by an outboard motor.
BOAT HULL	Inboard/Outdrive	Check the box (if applicable): Indicates the watercraft is propelled by an inboard / outdrive motor.
BOAT HULL	Waterjet	Check the box (if applicable): Indicates the watercraft is propelled by a water jet.
BOAT HULL	Sail	Check the box (if applicable): Indicates the watercraft is propelled by a sail.
BOAT HULL	Other	Check the box (if applicable): Indicates the watercraft is propelled by a method other than those listed.
BOAT HULL	Other Description	Enter text: The method of propulsion of the watercraft.
BOAT HULL	Type of Hull - Cabin Cruiser	Check the box (if applicable): Indicates the watercraft type is a cabin cruiser.
BOAT HULL	Open Cockpit	Check the box (if applicable): Indicates the watercraft type is an open cockpit.
BOAT HULL	Sailboat	Check the box (if applicable): Indicates the watercraft type is a sailboat.
BOAT HULL	Pontoon	Check the box (if applicable): Indicates the watercraft type is a pontoon boat.
BOAT HULL	Bass	Check the box (if applicable): Indicates the watercraft type is a bass boat.
BOAT HULL	Personal WC	Check the box (if applicable): Indicates the watercraft type is a personal watercraft.
BOAT HULL	Ski	Check the box (if applicable): Indicates the watercraft type is a ski boat.
BOAT HULL	Other	Check the box (if applicable): Indicates the watercraft type is other than those listed.
BOAT HULL	Other Description	Enter text: The description of the watercraft type.

BOAT HULL	Hull Material - Fiberglass	Check the box (if applicable): Indicates the hull is constructed with fiberglass.
BOAT HULL	Metal	Check the box (if applicable): Indicates the hull is constructed with metal.
BOAT HULL	Wood	Check the box (if applicable): Indicates the hull is constructed with wood.
BOAT HULL	Hull Design - Flat Bottom	Check the box (if applicable): Indicates the hull design is flat bottom.
BOAT HULL	Round Bottom	Check the box (if applicable): Indicates the hull design is round bottom.
BOAT HULL	Vee Bottom	Check the box (if applicable): Indicates the hull design is vee bottom.
BOAT HULL	Catamaran	Check the box (if applicable): Indicates the hull design is catamaran bottom.
BOAT HULL	Other	Check the box (if applicable): Indicates the hull design is other than those listed.
BOAT HULL	Other Description	Enter text: The description of the hull design.
BOAT HULL	Fuel Tank - Fiberglass	Check the box (if applicable): Indicates the fuel tank is fiberglass.
BOAT HULL	Metal	Check the box (if applicable): Indicates the fuel tank is metal.
BOAT HULL	Spar Material - Aluminum	Check the box (if applicable): Indicates the type of spar material used (i.e., masts, riggings, etc.) is aluminum.
BOAT HULL	Wood	Check the box (if applicable): Indicates the type of spar material used (i.e., masts, riggings, etc.) is wood.
BOAT HULL	Carbon Fiber	Check the box (if applicable): Indicates the type of spar material used (i.e., masts, riggings, etc.) is carbon fiber.
BOAT HULL	Other	Check the box (if applicable): Indicates the type of spar material used (i.e., masts, riggings, etc.) is other than those listed.
BOAT HULL	Other Description	Enter text: The description of the spar material used (i.e., masts, riggings, etc.).
BOAT HULL	Year	Enter year: The model year of the watercraft.
BOAT HULL	Manufacturer	Enter text: The manufacturer of the watercraft.
BOAT HULL	Model	Enter text: The manufacturer's model name for the watercraft.
BOAT HULL	Length	Enter number: The length of the watercraft expressed in feet.
BOAT HULL	Max Speed	Enter number: The maximum speed attainable by the watercraft. State if the speed in in miles per hour or knots per hour.
BOAT HULL	Date Purchased	Enter date: The date the watercraft was purchased.
BOAT HULL	Cost New	Enter amount: The cost of the watercraft when it was purchased new, in whole dollar amounts.
BOAT HULL	Present Value	Enter amount: The watercraft's present value, stated or agreed, in whole dollar amounts.

BOAT HULL	Name of Boat	Enter text: The name in which the watercraft is registered.
BOAT HULL	Name of Beneficial Owner	Enter text: The additional interest's full name. As used here, this is the beneficial owner.
BOAT HULL	Registration Number	Enter identifier: The unique identifier for the watercraft assigned by the registering authority.
BOAT HULL	Country of Registration	Enter code: The country code in which the boat is registered.
BOAT HULL	Hull Identification Number	Enter identifier: The 12 character Hull Identification Number of the watercraft. It is typically located on the transom of the watercraft.
BOAT HULL	Waters Navigated - Atlantic (checkbox)	Check the box (if applicable): Indicates the waters navigated is the Atlantic ocean.
BOAT HULL	Great Lakes (checkbox)	Check the box (if applicable): Indicates the waters navigated are the Great Lakes.
BOAT HULL	Inland Waterways (checkbox)	Check the box (if applicable): Indicates the waters navigated are inland waterways. Inland Waterways are all inland bodies of water including lakes and intercoastal waterways, excluding rivers and the Great Lakes.
BOAT HULL	Pacific (checkbox)	Check the box (if applicable): Indicates the waters navigated is the Pacific ocean.
BOAT HULL	Rivers (checkbox)	Check the box (if applicable): Indicates the waters navigated are rivers.
BOAT HULL	Gulf of Mexico (checkbox)	Check the box (if applicable): Indicates the waters navigated is the Gulf of Mexico.
BOAT HULL	Other (checkbox)	Check the box (if applicable): Indicates the waters navigated are other than those listed.
BOAT HULL	Other Description	Enter text: The waters where the watercraft is predominantly used.
BOAT HULL	Territory	Enter code: This is typically the navigation territory. However, use company manuals to determine territory.
BOAT HULL	Date of Last Survey	Enter date: The date the last survey was completed.
BOAT HULL	LOC #	Enter number: The producer assigned number of the location. As used here, this is the primary berth/storage location.
BOAT HULL	Primary Berth / Storage Location	Enter text: The first address line of the physical location.
BOAT HULL	Summer	Check the box (if applicable): Indicates the primary storage location is used in the summer.
BOAT HULL	Winter	Check the box (if applicable): Indicates the primary storage location is used in the winter.
BOAT HULL	City	Enter text: The city of the physical location.
BOAT HULL	State	Enter code: The state or province of the physical location.
BOAT HULL	Zip	Enter code: The postal code of the physical location.
BOAT HULL	Country	Enter code: The code that identifies the country.

BOAT HULL	LOC #	Enter number: The producer assigned number of the location. As used here, this is the secondary berth/storage location.
BOAT HULL	Secondary Berth / Storage Location	Enter text: The first address line of the physical location.
BOAT HULL	Summer	Check the box (if applicable): Indicates the secondary storage location is used in the summer.
BOAT HULL	Winter	Check the box (if applicable): Indicates the secondary storage location is used in the winter.
BOAT HULL	City	Enter text: The city of the physical location.
BOAT HULL	State	Enter code: The state or province of the physical location.
BOAT HULL	Zip	Enter code: The postal code of the physical location.
BOAT HULL	Country	Enter code: The code that identifies the country.
BOAT HULL	Lay-Up Period - Dry (checkbox)	Check the box (if applicable): Indicates the unit is stored dry during the lay up period.
BOAT HULL	Afloat (checkbox)	Check the box (if applicable): Indicates the unit is stored afloat during the lay up period.
BOAT HULL	Start Date	Enter date: The start date of the period during which the watercraft is not in use. (MM/DD/YYYY)
BOAT HULL	End Date	Enter date: The end date of the period during which the watercraft is not in use. (MM/DD/YYYY)
ENGINE / MOTOR	Motor #	Enter number: The producer assigned number for the engine / motor.
ENGINE / MOTOR	Year	Enter year: The model year of the engine / motor.
ENGINE / MOTOR	Manufacturer	Enter text: The manufacturer of the engine / motor.
ENGINE / MOTOR	Model	Enter text: The manufacturer's model name for the engine / motor.
ENGINE / MOTOR	Serial Number	Enter identifier: The serial number of the engine / motor.
ENGINE / MOTOR	Horsepower	Enter number: The horsepower of the engine. There is a method for determining the maximum safe horsepower for a specific boat based on length and width. If the company employs this formula, it may be helpful to make note of the width in remarks.
ENGINE / MOTOR	Fuel - Gasoline	Check the box (if applicable): Indicates the engine / motor runs on gasoline.
ENGINE / MOTOR	Diesel	Check the box (if applicable): Indicates the engine / motor runs on diesel fuel.
ENGINE / MOTOR	Battery	Check the box (if applicable): Indicates the engine / motor is runs on battery power.
ENGINE / MOTOR	Other (checkbox)	Check the box (if applicable): Indicates the engine / motor runs on other power.
ENGINE / MOTOR	Other Description	Enter text: The description of the other fuel power.

ENGINE / MOTOR	Date Purchased	Enter date: The date the engine / motor was purchased.
ENGINE / MOTOR	Cost New	Enter amount: The cost of the engine / motor when it was purchased new, in whole dollar amounts. (For Outboard Motors Only)
ENGINE / MOTOR	Present Value	Enter amount: The engine / motor's present value, stated or agreed, in whole dollar amounts. (For Outboard Motors Only)
ENGINE / MOTOR	Motor #	Enter number: The producer assigned number for the engine / motor.
ENGINE / MOTOR	Year	Enter year: The model year of the engine / motor.
ENGINE / MOTOR	Manufacturer	Enter text: The manufacturer of the engine / motor.
ENGINE / MOTOR	Model	Enter text: The manufacturer's model name for the engine / motor.
ENGINE / MOTOR	Serial Number	Enter identifier: The serial number of the engine / motor.
ENGINE / MOTOR	Horsepower	Enter number: The horsepower of the engine. There is a method for determining the maximum safe horsepower for a specific boat based on length and width. If the company employs this formula, it may be helpful to make note of the width in remarks.
ENGINE / MOTOR	Fuel - Gasoline	Check the box (if applicable): Indicates the engine / motor runs on gasoline.
ENGINE / MOTOR	Diesel	Check the box (if applicable): Indicates the engine / motor runs on diesel fuel.
ENGINE / MOTOR	Battery	Check the box (if applicable): Indicates the engine / motor is runs on battery power.
ENGINE / MOTOR	Other (checkbox)	Check the box (if applicable): Indicates the engine / motor runs on other power.
ENGINE / MOTOR	Other Description	Enter text: The description of the other fuel power.
ENGINE / MOTOR	Date Purchased	Enter date: The date the engine / motor was purchased.
ENGINE / MOTOR	Cost New	Enter amount: The cost of the engine / motor when it was purchased new, in whole dollar amounts. (For Outboard Motors Only)
ENGINE / MOTOR	Present Value	Enter amount: The engine / motor's present value, stated or agreed, in whole dollar amounts. (For Outboard Motors Only)
TRAILER	#	Enter number: The producer assigned number for the trailer.
TRAILER	Year	Enter year: The model year of the trailer.
TRAILER	Manufacturer	Enter text: The manufacturer of the trailer.
TRAILER	Model	Enter text: The manufacturer's model name for the trailer.
TRAILER	Serial Number	Enter identifier: The serial number of the trailer.
TRAILER	# Axles	Enter number: The number of axles on the trailer.

TRAILER	Capacity	Enter number: The capacity / volume of the watercraft trailer in pounds. As used here, enter the trailer capacity in pounds.
TRAILER	Date Purchased	Enter date: The date the trailer was purchased.
TRAILER	Cost	Enter amount: The cost of the boat trailer when it was purchased, in whole dollar amounts.
HULL INFORMATION	1. Is the boat chartered to others? - Yes	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the boat chartered to others?". If yes, describe the type of arrangements, destination, length of time and frequency. Indicate if it is a bare boat charter where no crew or supervision is furnished, a voyage charter, a time charter, etc. Include the purpose of the charter (sight-seeing, fishing) and whether alcohol is served.
HULL INFORMATION	Destination	Enter text: The description of the charter destination.
HULL INFORMATION	Length	Enter text: The length of time of the charter.
HULL INFORMATION	Frequency	Enter code: The frequency of charters.
HULL INFORMATION	Bare Boat Charter (Y/N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the boat is chartered as a bare boat.
HULL INFORMATION	Voyage Charter (Y/N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the boat is chartered on a voyage basis.
HULL INFORMATION	Time Charter (Y/N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the boat is chartered on a period of time basis.
HULL INFORMATION	Alcohol Served (Y/N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if alcohol is served on the charter.
HULL INFORMATION	Arrangements	Enter text: The description of the charter arrangements.
HULL INFORMATION	Purpose	Enter text: The description of the charter purpose.
HULL INFORMATION	2. Is the boat used commercially or for business purposes?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the boat used commercially or for business purposes?". If yes, describe the commercial or business use of the vessel. Indicate if the vessel is used for demonstrations, promotions, fishing, sight-seeing trips, etc.
HULL INFORMATION	Explanation	Enter text: An explanation as to whether the boat is used for business purposes.
HULL INFORMATION	3. Is the boat used for racing?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the boat used for racing?". If yes, indicate the frequency of such races during the year, the extent of the race and the waters navigated.
HULL INFORMATION	Frequency	Enter code: The frequency the boat is used for racing.
HULL INFORMATION	Extent of Races	Enter text: The description of the extent of the races.
HULL INFORMATION	Waters Navigated	Enter text: The description of the waters navigated during races.

HULL INFORMATION	4. Is the boat used for waterskiing?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the boat used for waterskiing?". If yes, indicate how frequently the vessel is used for waterskiing.
HULL INFORMATION	Frequency	Enter code: The frequency the boat is used for waterskiing.
HULL INFORMATION	5. Does the applicant employ a paid crew?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant employ a paid crew?".
HULL INFORMATION	Number of Full-Time Crew	Enter number: The number of full time crew.
HULL INFORMATION	Number of Part-Time Crew	Enter number: The number of part time crew.
HULL INFORMATION	6. Any sleeping facilities?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any sleeping facilities?".
HULL INFORMATION	Number of Beds	Enter number: The number of beds on the watercraft.
HULL INFORMATION	7. Any existing damage to the boat?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any existing damage to the boat?".
HULL INFORMATION	Explanation	Enter text: An explanation of any existing damage to the boat.
HULL INFORMATION	8. Is the boat used as a primary residence?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the boat used as a primary residence?".
HULL INFORMATION	Number of Residents	Enter number: The number of residents.
HULL INFORMATION	Permanent Residence (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the boat is used as a permanent residence.
HULL INFORMATION	9. Are there any additional owners not listed as the named insured? - Yes	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there any additional owners not listed as the named insured?".

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION	1. Any other insurance with this company?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any other insurance with this company?".
GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.

GENERAL INFORMATION	Line of Business	Enter code: The line of business of the other policy.
GENERAL INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
GENERAL INFORMATION	2. Has coverage been declined, cancelled or non-renewed during the last three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Any coverage declined, cancelled or non-renewed during the mandated number of years (Missouri Applicants - Do not answer this question)?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any coverage declined, cancelled or non-renewed within the last specified number of years.
GENERAL INFORMATION	3. Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the past specified number of years?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any foreclosures or bankruptcies in the last specified number of years.
GENERAL INFORMATION	4. Has applicant had a judgement or lien during the past five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has applicant had a judgement or lien during the past specified number of years?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of any judgement or liens during the past five (5) years.
GENERAL INFORMATION	5. Has insurance been transferred within the agency?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "Has insurance been transferred within agency?".
GENERAL INFORMATION	Explanation	Enter text: An explanation of insurance transferred within the agency.
GENERAL INFORMATION	6. During the last five (5) years [ten (10) years in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the answer to the question, "During the last five (5) years [ten (10) years in Rhode Island], has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)".
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether any applicant has been convicted of fraud, bribery or arson in the last specified number of years.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.

OPERATORS	Name	Enter text: The driver's first name (given name).
OPERATORS		Enter text: The driver's middle name or initial (other given name).
OPERATORS		Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Marital Status / Civil Union (if applicable)	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	Occupation	Enter text: The occupation of the driver.
OPERATORS	Auto Driver's License Number	Enter identifier: The driver's license number.
OPERATORS	Licensed State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Name	Enter text: The driver's first name (given name).
OPERATORS		Enter text: The driver's middle name or initial (other given name).
OPERATORS		Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Marital Status / Civil Union (if applicable)	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	Occupation	Enter text: The occupation of the driver.
OPERATORS	Auto Driver's License Number	Enter identifier: The driver's license number.
OPERATORS	Licensed State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Name	Enter text: The driver's first name (given name).

OPERATORS		Enter text: The driver's middle name or initial (other given name).
OPERATORS		Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Marital Status / Civil Union (if applicable)	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	Occupation	Enter text: The occupation of the driver.
OPERATORS	Auto Driver's License Number	Enter identifier: The driver's license number.
OPERATORS	Licensed State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Name	Enter text: The driver's first name (given name).
OPERATORS		Enter text: The driver's middle name or initial (other given name).
OPERATORS		Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Marital Status / Civil Union (if applicable)	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	Occupation	Enter text: The occupation of the driver.
OPERATORS	Auto Driver's License Number	Enter identifier: The driver's license number.
OPERATORS	Licensed State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Name	Enter text: The driver's first name (given name).
OPERATORS		Enter text: The driver's middle name or initial (other given name).

OPERATORS		Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Marital Status / Civil Union (if applicable)	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	Occupation	Enter text: The occupation of the driver.
OPERATORS	Auto Driver's License Number	Enter identifier: The driver's license number.
OPERATORS	Licensed State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS	#	Enter number: The number assigned to the driver by the producer.
OPERATORS	Name	Enter text: The driver's first name (given name).
OPERATORS		Enter text: The driver's middle name or initial (other given name).
OPERATORS		Enter text: The driver's last name (surname).
OPERATORS	Sex	Enter code: The gender of the driver.
OPERATORS	Marital Status / Civil Union (if applicable)	Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other
OPERATORS	Date of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
OPERATORS	Occupation	Enter text: The occupation of the driver.
OPERATORS	Auto Driver's License Number	Enter identifier: The driver's license number.
OPERATORS	Licensed State	Enter code: The state in which the driver is licensed.
OPERATORS	Social Security	Enter identifier: The tax identifier (social security number) of the driver.
OPERATORS EXPERIENCE	#	Enter number: The producer assigned number for the driver.
OPERATORS EXPERIENCE	Prior Boat Make	Enter text: The name of the manufacturer of the prior watercraft.
OPERATORS EXPERIENCE	Model	Enter text: The manufacturer's model name for the prior watercraft.
OPERATORS EXPERIENCE	Number of Years Owned	Enter number: The number of years the prior watercraft was owned.

OPERATORS EXPERIENCE	USCGA Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any United States Coast Guard Auxiliary (USCGA) courses.
OPERATORS EXPERIENCE	Power Squadron Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any Power Squadron courses.
OPERATORS EXPERIENCE	Other Education	Enter text: Describe any operator completed courses offered by the United States Coast Guard Auxiliary, the Power Squadron or other recognized training.
OPERATORS EXPERIENCE	#	Enter number: The producer assigned number for the driver.
OPERATORS EXPERIENCE	Prior Boat Make	Enter text: The name of the manufacturer of the prior watercraft.
OPERATORS EXPERIENCE	Model	Enter text: The manufacturer's model name for the prior watercraft.
OPERATORS EXPERIENCE	Number of Years Owned	Enter number: The number of years the prior watercraft was owned.
OPERATORS EXPERIENCE	USCGA Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any United States Coast Guard Auxiliary (USCGA) courses.
OPERATORS EXPERIENCE	Power Squadron Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any Power Squadron courses.
OPERATORS EXPERIENCE	Other Education	Enter text: Describe any operator completed courses offered by the United States Coast Guard Auxiliary, the Power Squadron or other recognized training.
OPERATORS EXPERIENCE	#	Enter number: The producer assigned number for the driver.
OPERATORS EXPERIENCE	Prior Boat Make	Enter text: The name of the manufacturer of the prior watercraft.
OPERATORS EXPERIENCE	Model	Enter text: The manufacturer's model name for the prior watercraft.
OPERATORS EXPERIENCE	Number of Years Owned	Enter number: The number of years the prior watercraft was owned.
OPERATORS EXPERIENCE	USCGA Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any United States Coast Guard Auxiliary (USCGA) courses.
OPERATORS EXPERIENCE	Power Squadron Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any Power Squadron courses.
OPERATORS EXPERIENCE	Other Education	Enter text: Describe any operator completed courses offered by the United States Coast Guard Auxiliary, the Power Squadron or other recognized training.
OPERATORS EXPERIENCE	#	Enter number: The producer assigned number for the driver.
OPERATORS EXPERIENCE	Prior Boat Make	Enter text: The name of the manufacturer of the prior watercraft.
OPERATORS EXPERIENCE	Model	Enter text: The manufacturer's model name for the prior watercraft.
OPERATORS EXPERIENCE	Number of Years Owned	Enter number: The number of years the prior watercraft was owned.

OPERATORS EXPERIENCE	USCGA Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any United States Coast Guard Auxiliary (USCGA) courses.
OPERATORS EXPERIENCE	Power Squadron Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any Power Squadron courses.
OPERATORS EXPERIENCE	Other Education	Enter text: Describe any operator completed courses offered by the United States Coast Guard Auxiliary, the Power Squadron or other recognized training.
OPERATORS EXPERIENCE	#	Enter number: The producer assigned number for the driver.
OPERATORS EXPERIENCE	Prior Boat Make	Enter text: The name of the manufacturer of the prior watercraft.
OPERATORS EXPERIENCE	Model	Enter text: The manufacturer's model name for the prior watercraft.
OPERATORS EXPERIENCE	Number of Years Owned	Enter number: The number of years the prior watercraft was owned.
OPERATORS EXPERIENCE	USCGA Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any United States Coast Guard Auxiliary (USCGA) courses.
OPERATORS EXPERIENCE	Power Squadron Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any Power Squadron courses.
OPERATORS EXPERIENCE	Other Education	Enter text: Describe any operator completed courses offered by the United States Coast Guard Auxiliary, the Power Squadron or other recognized training.
OPERATORS EXPERIENCE	#	Enter number: The producer assigned number for the driver.
OPERATORS EXPERIENCE	Prior Boat Make	Enter text: The name of the manufacturer of the prior watercraft.
OPERATORS EXPERIENCE	Model	Enter text: The manufacturer's model name for the prior watercraft.
OPERATORS EXPERIENCE	Number of Years Owned	Enter number: The number of years the prior watercraft was owned.
OPERATORS EXPERIENCE	USCGA Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any United States Coast Guard Auxiliary (USCGA) courses.
OPERATORS EXPERIENCE	Power Squadron Courses (Y/N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if the operator has completed any Power Squadron courses.
OPERATORS EXPERIENCE	Other Education	Enter text: Describe any operator completed courses offered by the United States Coast Guard Auxiliary, the Power Squadron or other recognized training.
GENERAL INFORMATION	1. Any operator have physical impairment?	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Any driver have a physical impairment that would affect the ability to drive?". As used here, not applicable in MT and WI.
GENERAL INFORMATION	#	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Description of Special Equipment	Enter text: The description of any special equipment.

GENERAL INFORMATION	2. Any operator undergoing a course of treatment for a physical / mental impairment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any driver undergoing a course of medical treatment for a physical or mental impairment that would affect the ability to drive?". As used here, not applicable in MT, OR and WI.
GENERAL INFORMATION	#	Enter number: The number assigned to the driver by the producer.
GENERAL INFORMATION	Explanation	Enter text: The description of any course of medical treatment for a driver with a physical or mental impairment.
GENERAL INFORMATION	3. Any drivers license suspended / revoked during the last three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any drivers license been suspended / revoked during the last mandated number of years?". If yes, indicate the driver number and provide the circumstances surrounding the suspension / revocation in the space provided.
OPERATORS EXPERIENCE	#	Enter number: The number assigned to the driver by the producer.
OPERATORS EXPERIENCE	Suspension Period - Start Date	Enter date: The date the driver's license suspension became effective.
OPERATORS EXPERIENCE	End Date	Enter date: The date the driver's license suspension is scheduled to end.
OPERATORS EXPERIENCE	Explanation	Enter text: The reason the driver's license was suspended or revoked.
OPERATORS EXPERIENCE	Reinstatement Date	Enter date: The date a suspended or revoked driver's license was reinstated.
ACCIDENTS / CONVICTIONS	Within Last_Years?	Enter number: The number of years reviewed, in accordance with the company's and state's requirements.
ACCIDENTS / CONVICTIONS	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any operator had an accident / conviction during the last specified number of years?". If yes, describe accidents / convictions for both driving and boating records.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.

ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)

ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.
ACCIDENTS / CONVICTIONS	Drv #	Enter number: The producer's driver number for the driver involved in the accident or conviction.
ACCIDENTS / CONVICTIONS	Date of Accident / Conviction	Enter date: The date of the accident or conviction. (MM/DD/YYYY)
ACCIDENTS / CONVICTIONS	Description of Accident or Conviction	Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
ACCIDENTS / CONVICTIONS	Place of Accident / Conviction	Enter text: The place of the accident or conviction.
ACCIDENTS / CONVICTIONS	BI or Death Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death.
ACCIDENTS / CONVICTIONS	Amount of Property Damage	Enter amount: The amount of property damage resulting from the accident or conviction.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

LOSS HISTORY	Any losses whether or nor paid by insurance, during the last (enter number) years, at this or any location?	Enter number: The number of years of loss information required by the insurer.
LOSS HISTORY	Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there have been any losses at any location, whether paid or not paid by insurance, in the last mandated number of years.
LOSS HISTORY	Applicant's Initials	Initial here: The named insured's initials.
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered by (A)gent (C)ompany	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In dispute Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.
LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered by (A)gent (C)ompany	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In dispute Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
LOSS HISTORY	Loss Date	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim. (MM/DD/YYYY)
LOSS HISTORY	Loss Type	Enter code: The basic coverage provided, under which the loss was incurred.

LOSS HISTORY	Description of Loss	Enter text: A brief description of the loss.
LOSS HISTORY	Cat #	Enter identifier: The Catastrophe Number that is assigned by the Insurance Services Office Property Claims Service in cases of multiple losses due to floods, hurricanes, earthquakes, and similar major loss events.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Entered by (A)gent @ompany	Enter code: The code identifying who entered the loss (e.g. A - Agency, C - Company).
LOSS HISTORY	In dispute Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in dispute.
PRIOR COVERAGE	No Prior Coverage (checkbox)	Check the box (if applicable): Indicates there was no prior coverage.
PRIOR COVERAGE	Line of Business	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	BI or CSL per person	Enter amount: The bodily injury per person limit on the prior policy (if applicable).
PRIOR COVERAGE	BI or CSL per accident	Enter amount: The bodily injury per accident limit or combined single limit on the prior policy (if applicable).
PRIOR COVERAGE	Line of Business	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	BI or CSL per person	Enter amount: The bodily injury per person limit on the prior policy (if applicable).
PRIOR COVERAGE	BI or CSL per accident	Enter amount: The bodily injury per accident limit or combined single limit on the prior policy (if applicable).
PAYMENT PLAN	Billing Account #	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
PAYMENT PLAN	Deposit Amount	Enter amount: The amount of the premium received as a deposit.
PAYMENT PLAN	Est Total Premium	Enter amount: The estimated total cost amount of the policy.
PAYMENT PLAN	Billing - Direct Bill - Policy (checkbox)	Check the box (if applicable): Indicates if the policy is to be direct billed.

PAYMENT PLAN	Direct Bill - Acct (checkbox)	Check the box (if applicable): Indicates if the account is to be direct billed.
PAYMENT PLAN	Agency Bill	Check the box (if applicable): Indicates if the policy is to be producer / agency billed.
PAYMENT PLAN	Payment Plan - Full Pay (checkbox)	Check the box (if applicable): Indicates a full payment will be made on the policy.
PAYMENT PLAN	Annual (checkbox)	Check the box (if applicable): Indicates the policy will be paid annually.
PAYMENT PLAN	Semi-Annual (checkbox)	Check the box (if applicable): Indicates the policy will be paid semi-annually.
PAYMENT PLAN	Quarterly (checkbox)	Check the box (if applicable): Indicates the policy will be paid quarterly.
PAYMENT PLAN	Bi-Monthly (checkbox)	Check the box (if applicable): Indicates the policy will be paid bi-monthly.
PAYMENT PLAN	Monthly (checkbox)	Check the box (if applicable): Indicates the policy will be paid monthly.
PAYMENT PLAN	Other (checkbox)	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
PAYMENT PLAN	Other Description	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
PAYMENT PLAN	Payment Method - Cash (checkbox)	Check the box (if applicable): Indicates the invoice will be paid in cash.
PAYMENT PLAN	Check (checkbox)	Check the box (if applicable): Indicates the invoice will be paid by check.
PAYMENT PLAN	Credit Card (checkbox)	Check the box (if applicable): Indicates the invoice will be paid by credit card.
PAYMENT PLAN	EFT (checkbox)	Check the box (if applicable): Indicates the invoice will be paid using electronic funds transfer (EFT).
PAYMENT PLAN	Payroll Deduction (checkbox)	Check the box (if applicable): Indicates the invoice will be paid by payroll deduction.
PAYMENT PLAN	Pre-Authorized Draft/Check (PAC) (checkbox)	Check the box (if applicable): Indicates the invoice will be paid by a pre-authorized check or draft.
PAYMENT PLAN	Other (checkbox)	Check the box (if applicable): Indicates the invoice will be paid by a means other than those listed.
PAYMENT PLAN	Other Description	Enter text: The method the invoice will be paid.
PAYMENT PLAN	Mail Policy to Agent (checkbox)	Check the box (if applicable): Indicates if the policy paper should be sent to the producer.
PAYMENT PLAN	Insured (checkbox)	Check the box (if applicable): Indicates if the policy paper should be mailed directly to the named insured.

PAYMENT PLAN	Other (checkbox)	Check the box (if applicable): Indicates if the policy paper should be mailed to other than the agent or applicant.
PAYMENT PLAN	Other Description	Enter text: The description to whom the policy paper should be mailed.
PAYMENT PLAN	Payor - Insured (checkbox)	Check the box (if applicable): Indicates the payor of the policy is the insured.
PAYMENT PLAN	Mortgagee (checkbox)	Check the box (if applicable): Indicates the payor of the policy is the mortgagee.
PAYMENT PLAN	Other (checkbox)	Check the box (if applicable): Indicates the payor of the policy is other than those listed.
PAYMENT PLAN	Other Description	Enter text: The description of the payor of the policy.
PAYMENT PLAN	Premium Financed?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the premium has been financed.
PAYMENT PLAN	Finance Company	Enter text: The name of the company financing the premium, if applicable.
ADDITIONAL INTEREST	Additional Insured (checkbox)	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Lender's Loss Payable One	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST	Lienholder (checkbox)	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Loss Payee (checkbox)	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Mortgagee (checkbox)	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Trustee (checkbox)	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	Other (checkbox)	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Evidence - Certificate (checkbox)	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	Send Bill (checkbox)	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST	Name	Enter text: The additional interest's full name.
ADDITIONAL INTEREST	Address Line 1	Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST	Address Line 2	Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST	City	Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST	State	Enter code: The additional interest's mailing address state or province code.

ADDITIONAL INTEREST	Zip Code	Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Country	Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Location	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Building	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Boat	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Item Class	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
ADDITIONAL INTEREST	Additional Insured (checkbox)	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Lender's Loss Payable One	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST	Lienholder (checkbox)	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Loss Payee (checkbox)	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Mortgagee (checkbox)	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Trustee (checkbox)	Check the box (if applicable): Indicates the additional interest type is a trustee.
ADDITIONAL INTEREST	Other (checkbox)	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Other Description	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Evidence - Certificate (checkbox)	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	Send Bill (checkbox)	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST	Name	Enter text: The additional interest's full name.

ADDITIONAL INTEREST	Address Line 1	Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST	Address Line 2	Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST	City	Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST	State	Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST	Zip Code	Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Country	Enter code: The additional interest's country code.
ADDITIONAL INTEREST	Reference / Loan #	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Location	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Building	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST	Boat	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST	Item Class	Enter code: The description of the property class of the scheduled item (i.e. Jewelry, Furs, Contractors Equipment, etc.).
ADDITIONAL INTEREST	Item	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Item Description	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
ATTACHMENTS	State Supplement(s)	Check the box (if applicable): Indicates a state supplement is attached.
ATTACHMENTS	Photograph	Check the box (if applicable): Indicates a photograph is attached.
ATTACHMENTS	Survey	Check the box (if applicable): Indicates a survey is attached.
ATTACHMENTS	Coast Guard Certificate	Check the box (if applicable): Indicates a coast guard certificate is attached.
ATTACHMENTS	Inspection	Check the box (if applicable): Indicates an inspection is attached.
ATTACHMENTS	Appraisal	Check the box (if applicable): Indicates an appraisal is attached.
ATTACHMENTS	Motor Vehicle Report	Check the box (if applicable): Indicates a motor vehicle report is attached.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed.
ATTACHMENTS	Other Description	Enter text: The description of the attachment.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed.

ATTACHMENTS	Other Description	Enter text: The description of the attachment.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed.
ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS	Remarks	Enter text: The remarks associated with the watercraft line of business.
BINDER	Effective Date	Enter date: The date on which the terms and conditions of the binder commenced. This date normally coincides with the effective date of the policy or of an endorsement to the policy.
BINDER	Time	Enter time: The time of day on the effective date in which the terms and conditions of the binder will commence.
BINDER	Expiration Date	Enter date: The date on which the terms and conditions of the policy will or have expired. Certain state laws limit the terms of a binder, so this date may not coincide with the policy expiration date.
BINDER	12:01 AM	Check the box (if applicable): Indicates the binder expires at 12:01 AM on the expiration date.
BINDER	Noon	Check the box (if applicable): Indicates the binder expires at 12:00 noon on the expiration date.
BINDER	Coverage Not Bound	Check the box (if applicable): Indicates the coverage has not been bound.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
NOTICE OF INFORMATION PRACTICES	Applicant's Initials	Initial here: The named insured's initials.
NOTICE OF INFORMATION PRACTICES	Copy of the Notice of Information Practices Privacy has been given to the applicant. Not applicable in all states, consult your agent or broker for your state's requirements.	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.
FRAUD STATEMENTS / SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
FRAUD STATEMENTS / SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.

FRAUD STATEMENTS / SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.
FRAUD STATEMENTS / SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
FRAUD STATEMENTS / SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
FRAUD STATEMENTS / SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.