



# TEXAS FAMILY BOATERS INSURANCE APPLICATION

Agency Code		
Agency Name		
Street Address		
City	State	Zip Code
Telephone Number ( )	Fax Number ( )	

**Personal Watercraft are not permitted.  
(See Personal Watercraft Program)**

Policy or Reference No.		Policy Effective Date / /		Term 12 Months	Prior Insurance Carrier		
<b>NAMED INSURED</b> (Registered Boatowner - must be 18 years old or older)	(First Name)		(Middle Name)		(Last Name)		
	Date of Birth	Gender	Marital Status	Social Security Number	Occupation	Home Telephone No. ( )	
	Mailing Address				City	State	Zip
	Residence Address				City	State	Zip
<b>SECOND NAMED INSURED</b> (If applicable)	(First Name)		(Middle Name)		(Last Name)		
	Birthdate	Gender	Marital Status	Social Security Number	Occupation	Home Telephone No. ( )	
	Mailing Address				City	State	Zip
	Residence Address				City	State	Zip
<b>MOORING / STORAGE LOCATION</b>	Marina/Location Name		Address (Complete if other than residence)		City	Zip	State
	Registration State (If applicable)		Type of Location <input type="checkbox"/> Apartment Parking Lot <input type="checkbox"/> Home Residence <input type="checkbox"/> Marina <input type="checkbox"/> Self Storage Facility <input type="checkbox"/> Other Public Storage <input type="checkbox"/> Other (Describe) _____				
	Type of Security <input type="checkbox"/> Fenced Area <input type="checkbox"/> Lighted Area <input type="checkbox"/> Security Camera <input type="checkbox"/> Closed Gate Marina/Limited Access <input type="checkbox"/> Security Guard <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Patrolling Security Guard <input type="checkbox"/> Other (Describe) _____						

### OWNER/OPERATOR INFORMATION

NAME	DATE OF BIRTH	GENDER	MARITAL STATUS	SOCIAL SECURITY NUMBER	OCCUPATION	DRIVER'S LICENSE NUMBER	ISSUING STATE	RELATIONSHIP TO INSURED	OWNER/OPERATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	# YEARS WATERCRAFT OWNERSHIP
1 Named Insured	-----	-----	-----	-----	-----							
2												
3												
4												

**BOAT SAFETY/NAVIGATION COURSE(S) (if applicable) Indicate which owner(s) or owner(s)/operator(s) have completed the course.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> State Administered Safety Course _____ | <input type="checkbox"/> Merchant Marine License _____ | <input type="checkbox"/> Power Squadron Course _____                       |
| <input type="checkbox"/> Coast Guard Auxiliary _____            | <input type="checkbox"/> Coast Guard Course _____      | <input type="checkbox"/> State & Federal Accredited Maritime Academy _____ |
| <input type="checkbox"/> Captain's License _____                | <input type="checkbox"/> Chapman Boating School _____  | <input type="checkbox"/> Commercial Aviation License _____                 |
| <input type="checkbox"/> Marine Pilot's License _____           |  |  |

Violations (Conviction Date) / Accidents in Past 36 Months (All Watercraft & Vehicles)	OPERATOR	DATE	EXPLAIN VIOLATION/ACCIDENT	AMOUNT OF LOSS
			/ /	<input type="checkbox"/> Accident <input type="checkbox"/> Violations <input type="checkbox"/> Major* <input type="checkbox"/> Minor
		/ /	<input type="checkbox"/> Accident <input type="checkbox"/> Violations <input type="checkbox"/> Major* <input type="checkbox"/> Minor	\$
		/ /	<input type="checkbox"/> Accident <input type="checkbox"/> Violations <input type="checkbox"/> Major* <input type="checkbox"/> Minor	\$
		/ /	<input type="checkbox"/> Accident <input type="checkbox"/> Violations <input type="checkbox"/> Major* <input type="checkbox"/> Minor	\$

\*Major violations include but are not limited to: drag racing, operating under the influence of alcohol or drugs, reckless driving, manslaughter, negligent homicide or conviction of a felony with a motor vehicle.

**PAID MARINE LOSSES (Indicate the Number of Losses, Date Loss Occurred and Amount Paid for the past 3 years.)**

DATE OF LOSS	DESCRIPTION	AMOUNT PAID

**DESCRIPTION OF VESSEL (Maximum length 26 ft.)**

If more than 1 vessel, complete a second application. Begin with description of vessel, complete all applicable information.

Primary Waters Navigated  
State  Inland or  Coastal

YEAR	MANUFACTURER	MODEL	LENGTH		HULL IDENTIFICATION NO. (HIN #)	HOMEMADE VESSEL <input type="checkbox"/> Yes <input type="checkbox"/> No	POWER TYPE			
			FT	IN			<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> No Engine
HULL MATERIAL <input type="checkbox"/> Alum <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Fiber <input type="checkbox"/> Fiber over Wood <input type="checkbox"/> Other				FUEL TYPE <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> No Engine/Motor		# MAIN DRIVE ENGINES	HORSEPOWER OF EACH			

PROTECTIVE DEVICES	WILL BOAT BE USED FOR RACING?	AMOUNT OF INSURANCE (INCLUDING MOTORS AND EQUIPMENT ATTACHED TO VESSEL)
<input type="checkbox"/> Automatic Fire Extinguishing Equipment <input type="checkbox"/> Alarm System (High water/Fire/Theft) <input type="checkbox"/> Central Station Monitoring System <input type="checkbox"/> No Strike Lightning System	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <input type="checkbox"/> Agreed Amount <input type="checkbox"/> Actual Cash Value

Existing Damage  Yes  No? If Yes, describe (attach separate sheet if necessary)

Total Loss Settlement Option  
(This option is only available if you selected "Agreed Amount" above and your watercraft is within one model year old. See Program Guide for details.)

LIENHOLDER Name	Loan Number
Address	City State Zip

**DESCRIPTION OF OUTBOARD MOTOR(S) (If more than two motors, add to the remarks section)**

#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER	VALUE OF MOTOR
1							\$
2							\$

LIENHOLDER Name	Loan Number
Address	City State Zip

**DESCRIPTION OF TRAILER (Homemade Trailers are Prohibited)**

YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			\$

LIENHOLDER Name	Loan Number
Address	City State Zip

**UNDERWRITING QUESTIONS**

- Does the named insured have one or more of the following policies with Foremost/Farmers/Zurich?  
 Homeowners excluding tenant  Motor Home  Yacht  
 Mobile Home excluding tenant  Personal Auto  Motorcycle/Off-road vehicle
- Has the named insured had watercraft insurance for the past 12 months with no lapse?  Yes  No
- Has the named insured been loss free during the preceding year?  Yes  No
- CORPORATE OWNERSHIP - Is the vessel titled in a business name?  Yes  No If yes, for tax purposes only?  Yes (Call for quote)  No (Not Eligible)  
If for tax purposes, what is the business name? (\_\_\_\_\_)
- MULTI-OWNERS - How many additional owners excluding resident relatives of the first named insured? \_\_\_\_\_  
Provide name and address for each additional owner in the remarks section.

**COVERAGES AND LIMITS**

PERSONAL LIABILITY COVERAGE	MEDICAL PAYMENTS COVERAGE	UNINSURED WATERCRAFT COVERAGE	DEDUCTIBLE OPTIONS
<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Uninsured Limits cannot exceed Liability Limits			

Trailer Deductibles	Personal Property Coverage (Coverage rounded to the nearest 100)	Personal Property	Towing and Assistance
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500	(Maximum \$10,000) \$ (Ded \$100)	Replacement Cost Option <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000

**PAYMENT PLANS (Collect full payment or required down payment before calling to request coverage)**

FULL PAYMENT     3 PAY     6 PAY     \_\_\_\_\_

DOWN PAYMENT  
COLLECTED    \$

BALANCE DUE    \$

**REQUIRED SIGNATURE OF APPLICANT (Applicant must sign and date this application!)**

**IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.**

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

1. I agree that the Company may investigate and secure motor vehicle records for persons listed in the application.
2. I declare that the statements contained in this application are true to the best of my knowledge and belief. The selections indicated in this application accurately reflect the limits, coverages and deductibles I desire.
3. I agree that the Company may order consumer reports in connection with this application for insurance and that credit scoring information may be used to determine either my eligibility for insurance or the premium that I will be charged.

SIGNATURE OF APPLICANT

DATE

TIME

AM  
 PM

**REQUIRED AGENT INFORMATION (Agent must sign this application and complete this section!)**

SIGNATURE OF AGENT

DATE

COVERAGE BOUND?  
 YES    NO

TIME

AM  
 PM

NAME OF AGENT (PLEASE PRINT)

AGENT LICENSE NO.:

Remarks: