



ARIZONA PERSONAL WATERCRAFT INSURANCE APPLICATION

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

PLEASE TYPE OR PRINT CLEARLY

Policy or Reference No.	Policy Effective Date / /	Term 12 Months	Prior Insurance Carrier		
NAMED INSURED (Registered Owner - must be 18 years old or older)	(First Name)		(Middle Name)		(Last Name)
	Date of Birth	Gender	Marital Status	Social Security Number	Home Telephone No. ()
	Mailing Address			City	State Zip
	Residence Address			City	State Zip
SECOND NAMED INSURED (If applicable)	(First Name)		(Middle Name)		(Last Name)
	Birthdate	Gender	Marital Status	Social Security Number	Home Telephone No. ()
	Mailing Address			City	State Zip
	Residence Address			City	State Zip

Multi-owners are acceptable if they meet the following requirements:

1. The owners are related and living in separate households. How many? _____
Names and addresses _____
2. The owners are not related, living in the same household. How many? _____
Names and addresses _____

OWNER/OPERATOR INFORMATION

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

1. Does any operator belong to an approved affinity group? Yes No
If yes, specify which group: _____ (Note: Agent must retain proof of current membership) Who is the member? _____
2. CORPORATE OWNERSHIP - Is the watercraft 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? _____

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

WATERCRAFT INFORMATION (IF MORE THAN 4 UNITS, COPY AND COMPLETE FOR ADDITIONAL UNITS)

UNIT	UNIT TYPE	MODEL YEAR	MANUFACTURER	MODEL	CC SIZE	SERIAL NUMBER	CURRENT VALUE
1	<input type="checkbox"/> 1 Seated <input type="checkbox"/> 1 Upright <input type="checkbox"/> 2 Seated <input type="checkbox"/> 3 Seated <input type="checkbox"/> 4 Seated						\$
2	<input type="checkbox"/> 1 Seated <input type="checkbox"/> 1 Upright <input type="checkbox"/> 2 Seated <input type="checkbox"/> 3 Seated <input type="checkbox"/> 4 Seated						\$
3	<input type="checkbox"/> 1 Seated <input type="checkbox"/> 1 Upright <input type="checkbox"/> 2 Seated <input type="checkbox"/> 3 Seated <input type="checkbox"/> 4 Seated						\$
4	<input type="checkbox"/> 1 Seated <input type="checkbox"/> 1 Upright <input type="checkbox"/> 2 Seated <input type="checkbox"/> 3 Seated <input type="checkbox"/> 4 Seated						\$

UNIT	LIENHOLDER Name	Loan Number
	Address	City State Zip

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	Address	City State Zip

RATING QUESTIONS

- 1. Does the Named Insured have one or more personal insurance policies (in addition to the Personal Watercraft Policy being applied for) with Foremost, Farmers, or Zurich companies? Yes No
- 2. Has the named insured had personal watercraft insurance for the past 12 months with no more than a 5-day lapse?
 Yes No *If yes, specify the company which has been providing that coverage: _____*
- 3. Has the First Named Insured been loss free during the year preceding the transfer? Yes No

COVERAGES AND COVERAGE OPTIONS

PERSONAL LIABILITY COVERAGE - Mandatory Coverage

Bodily Injury (BI) \$10,000/\$20,000 \$15,000/\$30,000 \$20,000/\$40,000 \$25,000/\$50,000
 \$30,000/\$60,000 \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000

Property Damage (PD) \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 \$30,000 \$50,000 \$100,000 \$250,000

Bodily Injury & Property Damage (BIPD) Combined Single Limit (CSL) - *May be chosen in place of BI and PD above* \$300,000 CSL \$500,000 CSL

WATERSKIING AND TOWING SPORTS LIABILITY - Included at the same Limits as Personal Liability Coverage

MEDICAL PAYMENTS \$1,000 \$2,500 \$5,000 \$10,000

UNINSURED WATERCRAFT COVERAGE - Cannot Exceed Personal Liability BI

\$10,000/\$20,000 \$15,000/\$30,000 \$20,000/\$40,000 \$25,000/\$50,000 \$300,000 CSL
 \$30,000/\$60,000 \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000 \$500,000 CSL

PHYSICAL DAMAGE COVERAGE - Select unit and deductible

	UNIT	\$250/\$500 THEFT	\$500	\$1,000
DEDUCTIBLE	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONS	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOWING AND ASSISTANCE - Select unit

\$500 Coverage
 Unit 1 Unit 3
 Unit 2 Unit 4

ACCESSORIES COVERAGE - Select unit, describe item and indicate amount

UNIT	DESCRIPTION	CURRENT VALUE
<input type="checkbox"/> 1		\$
<input type="checkbox"/> 2		\$
<input type="checkbox"/> 3		\$
<input type="checkbox"/> 4		\$

TRAILER COVERAGE - If more than two trailers, use REMARKS section

TRLR	MODEL YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	CURRENT VALUE
1					\$
2					\$

UNIT	LIENHOLDER Name	Loan Number
	Address	City State Zip

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 APPLICANT INFORMATION (Applicant must complete, sign and date this application)

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

In connection with this application for insurance, 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 consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application. I further agree that the Company may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
2. I declare that the statements contained in this application are true to the best of my knowledge and belief. The selections indicated above 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.

APPLICANT SIGNATURE IIIII▶

DATE

TIME

AM
 PM

REQUIRED AGENT INFORMATION

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

AGENT SIGNATURE IIIII▶

DATE

TIME

AM
 PM

AGENT NAME (Print)

AGENT LICENSE NO.

COVERAGE BOUND?
 YES NO

NOTE: AGENTS MUST RETAIN ORIGINAL, SIGNED APPLICATIONS (INCLUDING SIGNED COVERAGE SELECTION / REJECTION FORMS) AND COPIES OF CERTIFICATES, MEMBERSHIP CARDS OR OTHER DOCUMENTS AS PROOF OF ELIGIBILITY FOR APPLIED DISCOUNTS.

Remarks