APPLICATION FOR BOAT INSURANCE

ITEM 1
Name ___________________________________________ Age ______
Address ___________________________________________
Occupation ___________________________ Employer _________________________
(If housewife, state husband's occupation)

ITEM 2
CPO Plan Requested ☐ Yes ☐ No ☐ Yes ☐ No
Term ___________ Effective ___________ To ___________ Payable Annually? ☐ No
Total Amount of Insurance $ ___________ Rate _______ Premium ________
Type of Policy Desired: ☐ Full Coverage ☐ $25 Deductable ☐ $50 Deductable ☐ $100 Deductable ☐ $250 Deductable ☐ $500 Deductable

ITEM 3 - DESCRIPTION OF PROPERTY TO BE INSURED ☐ Outboard ☐ Inboard/Outboard ☐ Inboard ☐ Sail

<table>
<thead>
<tr>
<th>Article</th>
<th>Model Year Model Name</th>
<th>Make of Motor Make and Length of Boat</th>
<th>Horse power</th>
<th>Model No., Serial No. and Type of Starter</th>
<th>Purchased by Applicant</th>
<th>Amount of Insurance</th>
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*Recoil, electric, or electromatic

ITEM 4 - UNDERWRITING INFORMATION

List Drivers Other Than Applicant

Name | Age | Relation to Applicant | Percent of Use | Married
--- | --- | ---------------------- | -------------- | ---
1. |      |                       |               |  
2. |      |                       |               |  

If Inboard-Outboard, maximum speed _______ M.P.H. (Acceptable up to 26 feet in length)

Is property ever loaned or rented to others? ☐ Yes ☐ No

Has applicant sustained any losses in the last 5 years that would be recoverable under this policy? ☐ Yes ☐ No

Has applicant ever been refused this kind or similar kind of insurance? ☐ Yes ☐ No

Is trailer designed to carry the boat and motor listed above? ☐ Yes ☐ No

What are primary used of boat and motor? ____________________________________________________________

In what waters is property used? ________________________________________________________________

Where is boat and motor kept in off season? ________________________________________________________

Policy numbers of present Partners Mutual Insurance held by applicant _____________________________

Loss payable clause to ___________________________________________ Mail address ___________________

What is the auto driving record of operators of boat? ____________________________________________

Birthdates _____________________ License Nos. _______________________

Name of agent or solicitor who solicited business? _________________________________________________

Date: _______________________

Do you unqualifiedly recommend the applicant? ______________________________________________________

ITEM 5 - REMARKS

__________________________________________________________________________________________

Warranted that the above are True Statements which are made on the basis of the contract, should a Policy be issued.

Agency _________________________________ Date Completed __________________

Address _______________________________ Signature of Applicant __________________