

Partners Mutual Insurance Company

20935 Swenson Drive Waukesha, Wisconsin 53186-2057

APPLICATION FOR BOAT INSURANCE

PARTNERS JUNE INSURANCE	⊃ E					MA	AIL T	O: I	→ AGEI	VT L	INSURED		
ITEM 1								Пс	agla –	1 \\/;da.w	(0x)		
Name					Age		☐ Single ☐ Widow(er) ☐ Married ☐ Divorced						
					Employer								
(If housewife, state													
ITEM 2	CPO Plan	Requested	Yes		□ No		l Yes	i					
Term	Effective	e To _			Payable Annua	ly? □	l No						
Total Amount of Inst	urance \$	Ra	ıte		Premium								
Type of Policy Desire	ed: □Full Coverage	e □\$25 Deductable 【	□\$50 Ded	duc	ctable \$100 Deductal	ole	□\$2	50 Deduc	table	□\$500	Deductable		
ITEM 3 - DESCI	RIPTION OF PI	ROPERTY TO BE IN	ISURED)	□Outboard □Inboa	rd/Out	boar	d	□Inbo	ard	□Sail		
		Make of Motor					Purchased by Applic			ant			
Article	Model Year Model Name	Make and Length of Boat	Horse powe		Model No., Serial No. ar *Type of Starter		onth	Year	New or Used	Cost	Amount of Insurance		
	1				*Recoil, electric, o	electr	oma	tic					
ITEM 4 - UNDEI		ORMATION											
List Brivers Other Than Applicant				Age Relation to Applicant Percent of Use Yes N									
Name				-	Relation to Applicant			Percent	of Use	Yes	No		
1.													
2.													
If Inboard-Outboard	, maximum speed	M.P.H. (Accepta	able up to	26	G feet in length)			answers S section					
Is property ever loaned or rented to others?								□No	100% Direct Bill Send Policy To:				
Has applicant sustained any losses in the last 5 years that would				over	rable under this policy?	□Yes	Yes □No				□Agency		
Has applicant ever been refused this kind or similar kind of insur						□Yes		□No			□Insured		
Is trailer designed to	•				□Yes		□No						
Loss payable clause to													
Name of agent or solicitor who solicited business?													
ITEM 5 - REMA													
Warranted that the a	above are True Sta	tements which are made	on the ba	asis	s of the contract, should a	Policy	be is	sued.					
Agency				Date Completed									
Address		Signature of Applicant											