



United States Liability Insurance Group

Supplemental Excess Watercraft Liability

APPLICATION

1. **Applicant** _____
2. **Address** _____
3. **Prior Insurer/Policy Number** _____
4. **Excess Limits of Insurance Requested** \$1,000,000 Other \$ _____
5. List ALL watercraft owned by, leased or furnished to you or available for your regular use.

Year	Make	Model	Weight	# of Engines	HP Per Engine	Length	Inboard, Outboard, Inboard/Outboard	Owned, Hired Used, etc.	Speed MHP
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

6. List ALL Operators, give name, age and boating education: _____
7. **Watercraft will be operated on** (Fill in where applicable and give geographic area by name and include estimated radius of operation in miles)
 Inland Water Bay Ocean
 Name _____

8. Watercraft will be used _____ months of the year
9. Paid Crew Yes No
10. When not in use watercraft is stored: (check one)
 In water Ashore
11. Watercraft is fueled by:
 Diesel Gas Other

12. **Underlying Insurance** – List all liability policies now in force covering watercraft:

Carrier	Policy Number	Policy Period	Limits	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Do any policies above contain exclusions or restrictions of standard coverage? Yes NO
 If Yes, describe: _____
14. Do any policies contain a sublimit for:
a) Waterskiing Yes No **b) Jet Skis** Yes No **c) Other** Yes No
 If Yes, describe: _____

15. Loss History: List all losses attributable to Applicant or household residents arising out of watercraft in the past 5 years. (Add separate sheet if necessary)

Date of Loss	Amount Paid, Claimed or Reserved	Description of Event	Person Sued	Relationship to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Has underlying or excess insurance for watercraft been cancelled, declined or non-renewed in the past 5 years? Yes No
 If Yes, explain _____

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

17. **APPLICANT'S WARRANTY STATEMENT.** I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statement are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.
 Applicant's Signature _____ Date _____
 Broker's Signature _____ Date _____
 Address _____

The State of New York requires that we have the Name and Address of (Insured's) Authorized Agent or Broker.
 Name of Authorized Agent or Broker _____
 Address _____
 Mail Completed Application
 Through Local Agent or Broker to: _____