



ANGLER'S ADVANTAGE WATERCRAFT INSURANCE APPLICATION

Applicant Information

Name:		Membership ID Number (If Applicable):	
Address:		Age:	
City:	St:	Zip:	
Home Phone:	Work:	Occupation:	Soc. Sec. Num.:

Experience

Years as an Owner:	Operator Since:	Will minors operate boat? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> Coast Guard Aux.	<input type="checkbox"/> Coast Guard Nav. <input type="checkbox"/> Captain/Masters License
Describe previous vessel owned and operated:		

Loss Payee

Payee Name:
Payee Address:

Vessel Information

Make:	Model:	Year:
Length: ft. in.	Total HP:	Weight:
Max Speed:	Num. Engines:	Hull Matl.:
Power: <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Jet	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel	
Purchase Date:	Purchase Price:	Survey Date:
Hull ID Number:		

Engines

Make:	Model:	Year:	ID#:
Make:	Model:	Year:	ID#:

Equipment and Trailer

<input type="checkbox"/> Depth/Fish Finder	<input type="checkbox"/> Stainless Props	<input type="checkbox"/> GPS	<input type="checkbox"/> Anti-theft Trailer	<input type="checkbox"/> Anti-theft Boat	<input type="checkbox"/> Anti-theft Prop
<input type="checkbox"/> VHF Radio	<input type="checkbox"/> Vapor Detector	<input type="checkbox"/> RADAR	<input type="checkbox"/> Auto CO2	<input type="checkbox"/> Auto Halon	
Personal Effects with value of \$500 or more:					Number Fire Ext.
Trolling Motor - Make:	Model:	Year:	Value:		
Trailer - Make:	Year:	Axles:	ID#	Value:	

Uses and Limits

Navigational Limits:					
Mooring Marina:			City:		
Navigation Terr.:		Nav. Months:	Moor State:	Moor Zip:	
Layup Dates: from to			Layup Location	<input type="checkbox"/> Afloat	<input type="checkbox"/> Ashore
Will vessel be used for private pleasure only? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will vessel be used for <input type="checkbox"/> Tournament Fishing <input type="checkbox"/> Fishing Guide <input type="checkbox"/> Charter <input type="checkbox"/> Racing <input type="checkbox"/> Water Skiing					

Operator Information

Name	Birth Date	Drivers License	State	Relationship
				SELF

Has any operator sustained any boat/auto violations in the past 3 years? No Yes (detail below, please)

Date	Violation	Operator	Cause/Result

Has any operator sustained any boat/auto losses in the past 3 years? No Yes

Have you received a citation for operating a watercraft or motor vehicle while under the influence of alcohol or controlled substances in the past three years? No Yes

Coverage		Deductible	Insurance	Premium
Vessel and Equipment	(COVERAGE A)			
Outboard Motor 1				Included
Outboard Motor 2				Included
Emergency Service/Towing		None	\$500.00	Included
Trailer				Included
Liability/Protection and Indemnity Combine Single Limit per Accident	(COVERAGE B)	None		
Contaminant Fuel Spill				
Medical Payments	(COVERAGE C)			Included
Uninsured Boaters	(COVERAGE D)	None		Included
Personal Effects	(COVERAGE E)			
Fishing Guide/Pro Angler Endorsement				
Miscellaneous				
Total Premium				

Important notice regarding the fair credit and reporting act:

In making this application for insurance, it is understood that as part of our underwriting procedures, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the consumer report which may be requested, ask your agent for the address of the company handling the account.

Fraud warning (required by law in certain states): Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Disclosure of material facts

Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the Company in deciding whether to accept the risk, what the terms should be or what premiums to charge. Failure to do so may render the insurance voidable from inception and enable the Company to repudiate liability.

Applicant's statement: I have read the above application and declare that to the best of my knowledge and belief all the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: this does not constitute a warranty.)

Signature of Applicant _____

Date _____

Signature of Producer _____

Please mail or fax the completed application to:

Greater Insurance Service Inc
414 Atlas Ave
Madison WI 53714

Phone 1 800 747 4472 Fax 1-608-221-0484

I _____ authorize Old United Casualty Company to charge my credit card listed below for the premium due on a watercraft insurance policy in the amount indicated below. **(The charge card will appear as "Old United Casualty Company" on your credit card statement.)**

Visa Mastercard Discover

Card Number _____ Expiration Date: _____

Total to be charged to credit card (Full Premium Payment Only) \$ _____

Purchasers Signature: _____ Date: _____

EFFECTIVE DATE: _____ / _____ / _____