



Watercraft Application

Applicant's Name, Address, City, State & Zip

Agent Name

Home Phone: _____ Cell Phone: _____
Policy Period From: _____ to _____

Agent Code: _____
New Application Quote #: _____
Rewrite of Policy # _____
Adding Location to Policy # _____
Submitting for **QUOTE ONLY**

BOAT

Power: _____ Type of Hull: _____ Hull Material: _____
Hull Design: _____ Fuel Type: _____
Year: _____ Manufacturer: _____ Model: _____
Length: _____ Maximum Speed: _____
Purchase Price \$: _____ Date Purchased: _____ NY Registration #: _____
Hull Identification #: _____ Waters Navigated: _____
Territory: _____ Berth/Storage Location: _____

ENGINE/OUTBOARD MOTOR 1

Year: _____ Manufacturer: _____ Model: _____
Serial #: _____ Horsepower: _____
Purchase Price \$: _____ Date Purchased: _____
Other: _____

ENGINE/OUTBOARD MOTOR 2

Year: _____ Manufacturer: _____ Model: _____
Serial #: _____ Horsepower: _____
Purchase Price \$: _____ Date Purchased: _____
Other: _____

TRAILER

Year: _____ Manufacturer: _____ Model: _____
Serial #: _____ Number of Axles: _____ Capacity: _____
Date Purchased: _____ Cost \$: _____

COVERAGES/LIMITS OF LIABILITY

	Limit	Deductible	Premium
Hull	\$ _____	\$ _____	\$ _____
Outboard Motor 1	\$ _____		\$ _____
Outboard Motor 2	\$ _____		\$ _____
Outboard Motor 3	\$ _____		\$ _____
Portable Accessories (\$1,500 Included)	\$ _____		\$ _____
Trailer	\$ _____	\$ _____ 250	\$ _____
Liability (or Protection & Indemnity)	\$ _____		\$ _____
Medical Payments	\$ _____		
Uninsured Boaters Liaibility	\$ _____ 50,000	Included	
Emergency Service (\$50 Included)	\$ _____		
		Total	\$ _____

ADDITIONAL INTEREST

Type: _____

Name & Address: _____

Loan #: _____

Type: _____

Name & Address: _____

Loan #: _____

EQUIPMENT

Make, Model, Serial #, Value, Etc.

Trailer Bail Locking Device	_____	_____
Fume Detector	_____	_____
CO2 / Chemical System	_____	_____
Depth Sounder	_____	_____
Radar	_____	_____
Ship to Shore Radio	_____	_____
Anti-Theft Devices	_____	_____
US Coast Guard Certificate (copy required)	_____	_____

OPERATORS (List all regular operators and registered owner)

Operator 1

Name: _____ Gender: ____ Marital Status: ____ Date of Birth: _____

Auto Drivers License # & Licensed State: _____

Social Security #: _____ - _____ - _____

Operator's Experience (prior boats, years, power squadron, U.S.C.G.A.)

Operator 1

Name: _____ Gender: ____ Marital Status: ____ Date of Birth: _____

Auto Drivers License # & Licensed State: _____

Social Security #: _____ - _____ - _____

Operator's Experience (prior boats, years, power squadron, U.S.C.G.A.)

Operator 1

Name: _____ Gender: ____ Marital Status: ____ Date of Birth: _____

Auto Drivers License # & Licensed State: _____

Social Security #: _____ - _____ - _____

Operator's Experience (prior boats, years, power squadron, U.S.C.G.A.)

All out of state licensed operators MUST have MVR submitted by agent.

GENERAL INFORMATION

1. Has the applicant lived at current address for less than 3 years? Yes No

If yes, list previous address: _____

2. Any drivers license suspended/revoked during the last 3 years? Yes No

If yes, explain: _____

3. Any operator have an accident/conviction during the last 3 years? Yes No

If yes, explain: _____

4. Any other insurance with Dryden Mutual? Yes No

If yes, list policy type & number: _____

5. Any losses occur during the last 3 years? Yes No

If yes, explain: _____

6. Any coverage declined, canceled or non-renewed during the last 5 years (not applicable in MO)? Yes No

If yes, explain: _____

7. During the last 10 years, has any applicant been convicted of any degree of the crime of arson? Yes No

(In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)

If yes, explain: _____

REMARKS

ATTACHMENTS

- ____ Photographs # _____ (mandatory on boats over 7 years)
- ____ Survey, if available
- ____ Coast Guard Certificate (mandatory for credit)
- ____ Bill of Sale on new boats
- ____ Copy of Registration (must by NY)

For questions regarding this application, please contact agency service representative:

Name: _____ Phone: _____ Extension: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

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 each such violation.

Agent: _____ Date: _____ Applicant: _____



Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa Mastercard *These are the only cards accepted.*

Credit Card #:

Expiration Date: _____ mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____





Watercraft Rating Worksheet

BOAT

Boat & Motor Value: _____ Age of Boat: _____ (25 years or newer)

Type of Power: _____

Territory: _____

Deductible: _____ 1% of value \$100 minimum automatic (options of 2%, 3% & 4% available)

Liability Limits: _____ Medical Payments: _____ Uninsured Boaters: \$50,000 Included

PREMIUM CALCULATION STEPS

Physical Damage Premium Base Rate _____ (1)
 Optional Deductible Factor _____ (2)
 Adjusted Physical Damage Premium (Line 1 x Line 2) = _____ (3)

RISK VARIATION CREDITS (All credits are a percentage of adjusted base premium after deductible credit - Line 3)

Coast Guard Safety Course	(5% Credit)	_____	
Diesel Power Engine	(10% Credit)	_____	
Fire & Smoke Alarm Systems	(2.5% Credit)	_____	
Built-in Fire Extinguisher (Halon or Carbon Dioxide)	(5% Credit)	_____	
Ship to Shore Radio	(2.5% Credit)	_____	
Depth Finder/Sounder	(2.5% Credit)	_____	
Radar	(2.5% Credit)	_____	
Fume or Vaper Detection	(2.5% Credit)	_____	
Total of all credits (maximum 25% allowed)		_____	(4)
Total Hull Premium (Line 3 x Line 4)		= _____	(5)
Additional Miscellaneous Equipment \$ _____		+ _____	(6)
<i>(\$1,500 automatic - additional \$15 per \$1,000)</i>			
Expanded Towing Coverage		+ <u>7.00</u>	(7)
<i>(\$50 Included/always upsell to \$500 for \$7 additional premium)</i>			
Trailer Coverage (\$15/\$1,000 @ \$250 Ded) \$ _____		+ _____	(8)
Liability Premium Coverage Rate Group: _____		+ _____	(9)
Medical Payments are \$3 for each additional \$1,000 above the first \$1,000		+ _____	(10)
Total Watercraft Policy Premium		= _____	(11)