

Rockford Mutual Insurance Company

Rockford, Illinois

BOAT APPLICATION

NAME OF APPLICANT			ADD TO POLICY #		
ADDRESS	STREET	CITY	COUNTY	ZIP	
EFFECTIVE DATE	AGENT NAME			AGENT NUMBER	

INDICATE TYPE OF WATERCRAFT	<input type="checkbox"/> OUTBOARD	<input type="checkbox"/> INBOARD/OUTBOARD	<input type="checkbox"/> PONTOON
	<input type="checkbox"/> INBOARD	<input type="checkbox"/> SAILBOAT	<input type="checkbox"/> OTHER: _____

ITEM	TYPE	LENGTH	MOTOR HP	YEAR BUILT	MAKE	MODEL	SERIAL NUMBER	RATING SPEED
1	BOAT							
2	MOTOR							
3	TRAILER							
4	EQUIPMENT							
5								

COVERAGES	LIMIT OF LIABILITY	DEDUCT-IBLE	PREMIUM					TOTAL
			ITEM 1	ITEM 2	ITEM 3	ITEM 4	ITEM 5	
LIABILITY	\$ Each Occurrence		\$				\$	\$
MEDICAL PAYMENTS TO OTHERS	\$ Each Person		\$				\$	\$
UNINSURED & UNDER-INSURED MOTORISTS	\$ Each Person		\$				\$	\$
	\$ Each Occurrence		\$				\$	\$
DIRECT PHYSICAL LOSS	\$	\$	\$				\$	\$
	\$	\$		\$			\$	\$
	\$	\$			\$		\$	\$
	\$	\$				\$	\$	\$
	\$	\$					\$	\$
TOTAL PREMIUM:								\$

DRIVERS <i>[List all residents & dependents (licensed or not) and regular operators]</i>			
DRIVER	NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER
1			
2			
3			
4			
5			
6			

LIENHOLDERS		
ITEM	NAME, ADDRESS & ZIP CODE	LOAN NUMBER

UNDERWRITING INFORMATION

1. Describe all losses, accidents, and convictions (including date and amount paid) for all drivers in the last 5 years.

2. Any coverage of this type declined, cancelled, or non-renewed during the last 3 years? (Not applicable in Missouri) Yes No
 If yes, explain: _____

3. Any other insurance with this company? (List policy numbers) _____

4. Is watercraft permanently quartered away from primary residence? Yes No
 If yes, indicate location: _____

5. Describe where the applicant will navigate watercraft. _____

6. Will watercraft be used for rent, hire, or racing? Yes No

7. Provide name of previous carrier. _____ Expiration Date: _____

Additional Information: _____

		FOR COMPANY USE ONLY	
		UW	DATE
		REVIEW	

If a policy is issued to me by the Rockford Mutual Insurance Company, effective as of the date such policy is issued, I hereby appoint the Board of Directors of such company, or such persons as it may designate, to vote my proxy at any and all meetings of members at which I am not present in person or by subsequent proxy. The proxy is to remain in force until expressly revoked.

Disclosure to Applicant given pursuant to the Fair Credit Reporting Act: You are hereby notified that an investigative consumer report may be obtained by the company. You may request in writing from the company disclosure of the nature and scope of such report if obtained.

I hereby declare to the best of my knowledge and belief that all of the statements contained in this application are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

Applicant's Signature: **X** _____ Date: _____

Producer: I agree to be responsible for any earned premium developed on this application. I certify that to the best of my knowledge the above signature is the personal signature of the applicant.

Producer's Signature: **X** _____ Date: _____