ACORD PERSONAL LINES PACKAGE WATERCRAFT/INLAND MARINE SUP									GE	E APPLICATION PLEMENT									DATE (MM/DD/YYYY)				
AGE	AGENCY WATERCRAFT/INLAND MARINE SUP											CANT'S N											
												ОМР	ANY					-					
COD	CODE: SUB CODE:																						
WA	TEF	RCF	RAF	T COVE	RAGES/L	IMITS	OF LIA	BILITY									1						_
BOAT #		C	HUL OVER			OUTBOARD MOTOR A		PORTABLE ACCESSORIES		TRAILER		LIABILITY		MEDIC PAYMEI		AL ITS	DEDUCTI	DEDUCTIBLES		PREMIUM		TOTAL PREMIUM	
2																							_
	ER C	OVE	RAGE	ES, ENDOR	SEMENTS AI	ND CREDI	TS TO AF	PPLY TO BO	AT		1												
WA	TEF	RCF	RAF	T BOAT	INFORM	ATION																	
BOAT		POWER IB OB IO SAIL WTR		HULL	TYPE	HUL	L MATERIAL	. FUE	L TANK	R		TRATION MBER	HU	LL ID#	YEAR	MAKE	E/MODEL		WEI	SHT	LENG	тн	
1	IB	OE	3 10	SAIL JET								NOME										+	
2			Ţ																				
BOAT #		MAX PEEI		DATE PUR	RCHASED COST		NEW PRESENT VA		VALUE	ALUE NAME (OF BOAT		TERS NAVI	GATED TERR			BERTH/STORAGE LOCATION		LAY UP PERIO)	
1																				DRY	AFLO		
WA	TEF	RCF	RAF	T ENGIN	NE/OUTB	OARD	мото	R													DRY	AFL	DAT
BOAT				MAKE/N						HORS	E PO	WER		DATE	PURCH	C	OST NEW	PRESEN	IT VALUE		OTHE	R	
#	,	EAR MAKE/MODEL SERIAL NUMBER							DIEGE			+											
2											GAS GAS		DIESEL										
WA	TEF	RCI	RAF	T TRAIL	ER INFO	RMATI	ON																
BOAT #															SEI	RIAL#		# AXLES	CAPACITY				
1																							
2 \// ^		200	D A E	T FOLIE	MENT IN	IEODM	ATION																
BOAT	WATERCRAFT EQUIPMENT INFORMATION															0.00			IO OTHER				
#	BILGE PUMP			PUMP		COOK STOVE CO2-CHEMICAL SYS						FIRE EX			DEPTH SO	UNDER	SHIP IC	SHIP TO SHORE RADIO			OIIIEK		
2																							_
	L	INF	OR	MATION													ı						
					SES IN REMA						YES	NO			S" RESPON							YES	NO
	IS THE BOAT CHARTERED TO OTHERS? IS THE BOAT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?														PAID CREW?						_		
	. IS THE BOAT USED FOR RACING?												DAMAGE 1										
4. I	STHE	ВО	AT U	SED FOR V	VATERSKIIN	G?																	
				FORMA							1/20		=======================================									V=0	
	EXPLAIN ALL "YES" RESPONSES IN REMARKS 1. HAS THE APPLICANT LIVED AT THE CURRENT ADDRESS FOR LESS THAN								YES	NO			S" RESPON		E LAST 3 YEA	RS?				YES	NO		
	THREE YEARS? (List previous address)														CELLED OR N	ON-RENE	WED DUF	RING					
	ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? (Not applicable in WI) ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?										8. DUR	ING THE P		YEARS, (TEN IN RHOD								
4. <i>A</i>	4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?															ANY DEGRE be of an arson				N ?			
				SURANCE	WITH THIS C	COMPANY	? (List po	licy number)									ne year of impr			Sinearior			
RE	MAF	RKS	S																				

\vdash		RAGE INFORMATIO	'IN													
\vdash	PROPERTY AMOUNT OF INS RATE			PREMIU	JM	#		PRO	PERTY	АМО	UNT OF	INS	RATE	PRE	MIUM	
	JEWELRY					8	COII	COINS								
2	FURS					9	GOL	GOLFER'S EQUIPMENT								
3	FINE ARTS					10	PER	PERSONAL COMPUTERS								
4	CAMERAS					11										
5	MUSICAL INSTRUMENTS					12	2									
6	SILVERWARE					13										
7	STAMPS					14	ı									
Г	UNATTENDED CAR COVE	RAGE (Stamps/Coins)	SAFE CREE	IT (Identify Pro	pertv.			ic)	BREAKAGE C	OVERAGE	(*On Sc	hedule)	PREMIUM TOTAL:	\$		
	BROAD FORM PAIR & SET			SETTLEMENT		,	,	,	BLANKET CO			,	TOTAL.			
	NON-MOBILE ORGAN COV			ENT COST LOS	SS SE	ETTI FN	1FNT									
AD	DITIONAL RATING INFORMAT	-	INEI EXCENT	2111 0001 200	00 01	_										
IN	INLAND MARINE GENERAL INFORMATION															
	PLAIN ALL "YES" RESPONSE:				VEC	NO			IVECII DECDONO	C IN DEM	NDVC				VEC	NO
					YES			WILL ANY TYPE OF DEDUCTIBLE APPLY?								NO
	ANY PROTECTIVE DEVIC												0141455014			
	WILL ANY PROPERTY BE				\vdash	5. IS <i>F</i>	MY PR	ROPERTY USE	D PROFE	SSIO	NALLY/C	OMMERCIA	ALLY?			
_	WILL ANY SPECIAL REST MARKS	TRICTION/ENDORSEME														
KE	MARKS															
SC	HEDULE OF PROPE															
ITE	PROVIDE A DETAILED DESCRIPTION OF EACH ITEM, FROM WHOM PURCHASED ETC. IF ADDITIONAL SPACE IS REQUIRED, ATTACH AN ADDITIONAL SCHEDULE. BE SURE TO ATTACH ALL REQUIRED APPRAISALS/BILLS. USE									APPE	ACORD PURC			CHASE/ RAISAL AMOU		
#	"*" TO INDICATE ITEMS WI									YES	NO		ATE	INSUR	ANCE	
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