STATE NATIONAL INSURANCE COMPANY INC



| PREMIER MARINE - MARINE PLEASURECRAFT APPLICATION | | | | | | | |
|--|--------------------|--------------------------------|---------------------------------------|------------------------|----------------------|--|--|
| | | | QUOTE BINI | D REQUESTED E | FFECTIVE DATE: | | |
| INSURED(S): | | | REGISTERED (| OWNER: | | | |
| | | | | | | | |
| ADDRESS: | | CITY: | | STATE: | ZIP: | | |
| RES PHONE: | | BUS PH: | | EMAIL: | | | |
| DATE(S) OF BIRTH: | | OCCUPATI | | EMPLOYER: | | | |
| YEARS AS OWNER OF A BOAT: YEARS AS OPERATOR/CREW: PREMIQUE NOUNER (THE OR PRIOR DOATS) PREMIQUE NOUNER (THE OR PRIOR DOATS) | | | | | | | |
| PREVIOUS INSURER (THIS OR PRIOR BOATS): POLICY NO.: EXPIRY DATE: SIZE AND TYPE OF PREVIOUS BOATS (Describe): | | | | | | | |
| BOATING EDUCATION & COURSES: MEMBER OF CRUISING CLUB: | | | | | | | |
| | | AIMED OR OTHERWISE - | HERWISE – GIVE DATE AND DESCRIPTION): | | | | |
| BOATING LOSSES IN | I AOI 3 ILANO (CL | AIMED ON OTTENWISE - | GIVE DATE AND DI | LOCKII TION). | | | |
| | | | | | | | |
| INSURED VESSEL INC | L. MAIN MOTOR | MANUFACTURER: | | MODEL: | YEAR: | | |
| SERIAL#: | | REGISTRATION#: | | | LENGTH: | | |
| DATE PURCHASED: | | TOTAL PURCHASE PR | RICE: \$ | | | | |
| | | | | MARKET VALUE (Vessel + | • | | |
| MAIN MOTOR: | MAKE: | YEAR: | SERIAL #: | HP: | VALUE: Include Above | | |
| AUXILIARY MOTOR: | MAKE: | YEAR: | SERIAL #: | HP: | VALUE: \$ | | |
| DINGHY: | MAKE: | YEAR: | SERIAL #: | LENGTH: | VALUE: \$ | | |
| DINGHY MOTOR: | MAKE: | YEAR: | SERIAL #: | HP: | VALUE: \$ | | |
| TRAILER: | MAKE: | YEAR: | SERIAL#: | | VALUE: \$ | | |
| BOATHOUSE: | DIMENSIONS: | YEAR: | LOCATION: | TOTAL VALUE (| VALUE: \$ | | |
| ADDITIONAL DEDOCM | 141 FFFF0T0 0/-1 | ad Patricia and an Alberta DEC | OLIFOTED # | TOTAL VALUE: | • | | |
| ADDITIONAL PERSONAL EFFECTS: (Valued list required) LIMIT REQUESTED \$ | | | | | | | |
| LOSS PAYABLE (name | e & address): | LIADILI | TV LIMIT DECLIECT | | ,000 | | |
| LIST ALL ODERATOR | S OF THE VESSEL * | | | | · | | |
| LIST ALL OPERATORS OF THE VESSEL* (*Name, DOB, Yrs of Experience, % use, DL Number or indicate if no current DL) AND LIST ALL AUTO MOVING TRAFFIC VIOLATIONS & AT FAULT ACCIDENTS PER OPERATOR* (*past 5 yrs, date of conviction/accident, describe) | | | | | | | |
| (past o yrs, date or convictional and recording describe) | | | | | | | |
| | | | | | | | |
| DOES VESSEL HAVE | ANY UNREPAIRED I | DAMAGE OR WAS IT PUR | CHASED AS SALVA | AGE? ☐ YES ☐ NO | | | |
| WHERE IS BOAT MOO | RED? | | WHERE IS B | BOAT LAID UP? | ☐ ASHORE ☐ AFLOAT | | |
| | | | | | | | |
| IS BOAT PERMANENT | LY MOORED ON A I | MOORING BUOY? YE | S 🗆 NO | IS VESSEL STORED I | NDOORS? YES NO | | |
| | | | | | | | |
| TYPE OF VESSEL Sailboat Trawler Cruiser High Performance Houseboat Runabout Other (describe): | | | | | | | |
| DOES VESSEL HAVE: | ☐ SLEEPING QUA | ARTERS HEAD (| GALLEY | AR GPS BUILT II | N CO2 | | |
| BDD (ATE DI EAGUIDE I | 105 0NII VO TI VEO | | | | | | |
| PRIVATE PLEASURE (| JSE ONLY? L YES | NO (if no, describe): | | | LIVE ABOARD: YES NO | | |
| 10.7/20021 02.2/2002 | N 400 00N0TD110T | | FOIEV | | DATE OF OUR VEV | | |
| IS VESSEL OF FIBREG | GLASS CONSTRUCT | TION? YES NO SP | ECIFY: | | DATE OF SURVEY: | | |
| NO. OF ENGINES: | | | | | MAX.SPEED: | | |
| NO. OF ENGINES: INBOARD OUTBOARD I/O JET MAX.SPEED: NAVIGATIONAL LIMITS REQUESTED: | | | | | | | |
| HAVE YOU EVER HAD ANY INSURANCE REFUSED OR CANCELLED? ☐ YES ☐ NO REASON: | | | | | | | |
| HAVE TOO EVEN HAD ANT INSURANCE REPUSED ON CANCELLED! TES NO REASON: | | | | | | | |



PREMIER MARINE - MARINE PLEASURECRAFT APPLICATION

FRAUD WARNING STATEMENT:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PLEASE READ BEFORE SIGNING APPLICATION:

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. You agree that the statements made on this application are accurate and understand that any false or inaccurate information may render insurance coverage null and void from inception, or cancelled as permitted by state law. You also understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. Please check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. A consumer report containing personal, credit, factual or investigative information may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. By signing below you also confirm that you have read and understood the Fraud Warning applicable to your state of residence:

| SIGNATURE OF APPLICANT(S): | SIGNATURE OF APPLICANT(S): |
|----------------------------|----------------------------|
| SIGNATURE OF AGENT: | AGENT NAME / BRANCH: |
| DATE: | AGENT PHONE & FAX: |
| AGENT EMAIL: | |

NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER.

THE COMPANY IN ITS SOLE JUDGEMENT MAY ELECT TO ACCEPT OR REJECT ANY APPLICATION.