



# MARYLAND FAMILY BOATERS INSURANCE APPLICATION

PRODUCER CODE 45-4334-999		
PRODUCER NAME GEICO INSURANCE AGENCY INC		
STREET ADDRESS PO BOX 3758		
CITY GRAND RAPIDS	STATE MI	ZIP CODE 49501-3758

Personal Watercraft are not permitted.  
(See Personal Watercraft Program)

POLICY OR REFERENCE NO. 0074141851	POLICY EFFECTIVE DATE 04/05/2014	TERM 12 MONTHS	TELEPHONE NUMBER (800) 958-6121	FAX NUMBER (877) 751-2392
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**NAMED INSURED REGISTERED BOATOWNER MUST BE 18 YEARS OLD OR OLDER**

NAMED INSURED FIRST WILLIAM		MIDDLE C		LAST KINSMAN	
DATE OF BIRTH 10/07/1989	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input checked="" type="checkbox"/> S <input type="checkbox"/> M	SOCIAL SECURITY NUMBER XXX-XX-4323		PHONE NUMBER (585) 748-6540
MAILING ADDRESS 549 S FRONT ST			CITY HARRISBURG	STATE PA	ZIP CODE 17104-1625
RESIDENCE ADDRESS			CITY	STATE	ZIP CODE
SECOND NAMED INSURED FIRST					DATE OF BIRTH

**MOORING STORAGE LOCATION**

REGISTRATION STATE MD	MARINA/LOCATION NAME WASHBURN'S BOAT Y	ADDRESS (COMPLETE IF OTHER THAN RESIDENCE) 14250 DOWELL ROAD	CITY DOWELL	ZIP CODE 20629	STATE MD
TYPE OF LOCATION <input type="checkbox"/> APARTMENT PARKING LOT <input type="checkbox"/> HOME RESIDENCE <input checked="" type="checkbox"/> MARINA <input type="checkbox"/> SELF STORAGE FACILITY <input type="checkbox"/> OTHER PUBLIC STORAGE <input type="checkbox"/> OTHER DESCRIBE _____					
TYPE OF SECURITY <input type="checkbox"/> FENCED AREA <input type="checkbox"/> LIGHTED AREA <input checked="" type="checkbox"/> SECURITY CAMERA <input type="checkbox"/> CLOSED GATE MARINA/LIMITED ACCESS <input type="checkbox"/> SECURITY GUARD <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> PATROLLING SECURITY GUARD <input type="checkbox"/> OTHER (DESCRIBE) _____					

**OWNER/OPERATOR INFORMATION**

NAME	DATE OF BIRTH	GENDER	MARITAL STATUS	DRIVER'S LICENSE NUMBER	ISSUING STATE	RELATIONSHIP TO INSURED	OWNER/OPERATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	# YEARS WATERCRAFT OWNERSHIP
1 NAMED INSURED	----	----	----	31557775	PA	----	<input checked="" type="checkbox"/>			0
2										----
3										----

**BOAT SAFETY NAVIGATION COURSE(S)** INDICATE WHICH OWNER(S) HAVE COMPLETED THE COURSE.

<input checked="" type="checkbox"/> STATE ADMINISTERED SAFETY COURSE <u>WILLIAM</u>	<input type="checkbox"/> MERCHANT MARINE LICENSE _____	<input type="checkbox"/> POWER SQUADRON COURSE _____
<input type="checkbox"/> COAST GUARD AUXILIARY _____	<input type="checkbox"/> COAST GUARD COURSE _____	<input type="checkbox"/> STATE & FEDERAL ACCREDITED MARITIME ACADEMY _____
<input type="checkbox"/> CAPTAIN'S LICENSE _____	<input type="checkbox"/> CHAPMAN BOATING SCHOOL _____	<input type="checkbox"/> COMMERCIAL AVIATION LICENSE _____
<input type="checkbox"/> MARINE PILOT'S LICENSE _____		

**PAID MARINE LOSSES** INDICATE AMOUNT PAID FOR THE PAST 3 YEARS.

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

**VESSEL INFORMATION** IF MORE THAN 1 VESSEL, COMPLETE A SECOND APPLICATION. COMPLETE ALL APPLICABLE INFORMATION.

PRIMARY WATERS NAVIGATED MD									
STATE MD <input type="checkbox"/> INLAND OR <input checked="" type="checkbox"/> COASTAL									
YEAR	MANUFACTURER	MODEL	LENGTH		HULL IDENTIFICATION NO. (HIN)	HOMEMADE VESSEL	POWER TYPE		
1977	COLUMBIA	8.7 METER	FT 28	IN 7	CLYC7031077	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> INBOARD <input type="checkbox"/> NO ENGINE <input type="checkbox"/> JET DRIVE	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> OUTBOARD JET DRIVE	<input checked="" type="checkbox"/> SAIL
HULL MATERIAL			FUEL TYPE			# MAIN DRIVE ENGINES	HORSEPOWER OF EACH	MAXIMUM SPEED (MPH)	
<input type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> COMPOSITE <input checked="" type="checkbox"/> FIBERGLASS <input type="checkbox"/> FIBERGLASS OVER WOOD <input type="checkbox"/> OTHER			<input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NO ENGINE/MOTOR			1	30.0	9	
PROTECTIVE DEVICES				WILL BOAT BE USED FOR RACING?	AMOUNT OF INSURANCE (Including Motors and Equipment Attached to Vessel)				
<input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING EQUIPMENT <input type="checkbox"/> CENTRAL STATION MONITORING SYSTEM <input type="checkbox"/> ALARM SYSTEM (HIGH WATER/FIRE/THEFT) <input type="checkbox"/> NO STRIKE LIGHTNING SYSTEM				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$ _____ <input type="checkbox"/> AGREED AMOUNT <input type="checkbox"/> TOTAL LOSS SETTLEMENT OPTION (This option is only available if you selected "Agreed Amount" and your watercraft is within one model year old. See Program Guide for details.) <input type="checkbox"/> ACTUAL CASH VALUE				

EXISTING DAMAGE    YES  NO? IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)

**DESCRIPTION OF OUTBOARD MOTOR(S)** IF MORE THAN TWO MOTORS, ADD TO THE REMARKS SECTION.

#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER
1						
2						

**DESCRIPTION OF TRAILER** HOMEMADE TRAILERS ARE PROHIBITED.

YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			\$

**LOSS PAYEE** INDICATE WHICH UNIT (Boat, Motor or Trailer) HAS A LOSS PAYEE.

UNIT	LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE

**UNDERWRITING QUESTIONS**

- Does the insured have another personal lines or life policy with Foremost, Farmers, Bristol West or 21st Century?  Yes  No  
A life policy must be term, whole or variable universal policy, have face amount of \$50,000 or greater, issued to an adult and in force.
- Has the named insured had watercraft insurance for the past 12 months with no lapse?  Yes  No
- Has the named insured been loss free during the preceding year?  Yes  No
- OTHER OWNERSHIP? - Is the vessel titled in the name of a trust or business?  Yes  No  
If a business, for tax purposes only?  Yes  No (Not Eligible)
- MULTI-OWNERS - How many additional owners excluding resident relatives of the first named insured? 0  
Provide name and address for each additional owner in the remarks section.

**COVERAGES AND LIMITS**

<b>PERSONAL LIABILITY COVERAGE</b>	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$40,000
	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$60,000	<input checked="" type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000
<b>MEDICAL PAYMENTS COVERAGE</b>	<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000
	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$9,000	<input type="checkbox"/> \$10,000
<b>UNINSURED WATERCRAFT COVERAGE</b> (UNINSURED LIMITS CANNOT EXCEED LIABILITY LIMITS)	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$40,000
	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$60,000	<input checked="" type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000
<b>WATERCRAFT INSURANCE COVERAGE</b> (COVERAGE INFORMATION UNDER THE VESSEL INFORMATION MUST BE COMPLETE.)	DEDUCTIBLE OPTIONS				
	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
<b>TRAILER DEDUCTIBLES</b>	<b>PERSONAL PROPERTY COVERAGE</b> (Coverage Rounded to the Nearest 100)		<b>PERSONAL PROPERTY</b>		<b>TOWING AND ASSISTANCE</b>
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500	(Ded \$100) \$		REPLACEMENT COST OPTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000

**PAYMENT PLANS** COLLECT FULL PAYMENT OR REQUIRED DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE.

<input checked="" type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 3 PAY	<input type="checkbox"/> 6 PAY	<input type="checkbox"/> _____	<b>DOWN PAYMENT COLLECTED</b> \$ 100.00	<b>BALANCE DUE</b> \$
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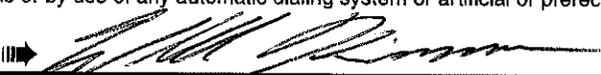
**REQUIRED APPLICANT INFORMATION** APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

**ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**Notice of Underwriting Period:** This policy for which you are applying is subject to a 45-day underwriting period, beginning on the effective date of the policy, and may be canceled during the first 45 days if the risk does not meet our underwriting standards.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use a third party in connection with the development of your insurance score.

- I agree that the insurer may secure and review consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application. I further agree that the insurer may secure and review new consumer reports in evaluating this policy for each future renewal or replacement policy.
- I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
- I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

APPLICANT SIGNATURE 

DATE 4/4/14 TIME 1:15  AM  PM

**REQUIRED PRODUCER INFORMATION**

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE  JENNIFER MARTUS DATE 04/04/2014 TIME  AM  PM

PRODUCER NAME (Print) JENNIFER MARTUS PRODUCER LICENSE NO. \_\_\_\_\_ COVERAGE BOUND?  YES  NO

REMARKS