

Marine Insurance Application (continued)

Named Insured: Contract ID:

SPECIAL CONDITIONS / OTHER COVERAGES

LOSS PAYEE / ADDITIONAL INSURED INFORMATION

| | |
|---|---|
| <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured | <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured |
| NAME: <input style="width: 95%;" type="text"/> | NAME: <input style="width: 95%;" type="text"/> |
| NAME (CONTINUED): <input style="width: 95%;" type="text"/> | NAME (CONTINUED): <input style="width: 95%;" type="text"/> |
| ADDRESS: <input style="width: 95%;" type="text"/> | ADDRESS: <input style="width: 95%;" type="text"/> |
| ADDRESS (CONTINUED): <input style="width: 95%;" type="text"/> | ADDRESS (CONTINUED): <input style="width: 95%;" type="text"/> |
| CITY <input style="width: 65%;" type="text"/> STATE <input style="width: 10%;" type="text"/> ZIP <input style="width: 15%;" type="text"/> | CITY <input style="width: 65%;" type="text"/> STATE <input style="width: 10%;" type="text"/> ZIP <input style="width: 15%;" type="text"/> |

ACKNOWLEDGEMENTS

Important Notice Regarding The Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Notice to Rhode Island Insurance Applicants: Rhode Island law now requires that you disclose prior arson convictions. Failure to do so is a criminal offense. The law also permits insurers to deny coverage in cases where an insured has an arson conviction within the past 10 years. Please answer the following question:

Have you ever been convicted of arson? Yes No If yes, please provide date of conviction

Owner's Statement: I certify that to the best of my knowledge all statements on this application are true. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the company will provide further information regarding my statutory rights upon request.

Producer's Statement: My (the agent/producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis to believe that the information is anything but truthful.

| | |
|---|--|
| SIGNATURE OF OWNER <small>(If not beneficial owner, then power of attorney must be in place to be valid.)</small> | DATE |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| AGENCY NAME | PRODUCER CODE |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| SIGNATURE OF PRODUCER | DATE |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |