



JetSport Personal Watercraft Application

- American Modern Home Insurance Company (077)
- American Family Home Insurance Company (070)
- American Southern Home Insurance Company (080)
- American Modern Insurance Company (077/CA & WY)

POLICY NUMBER:

NAMES AND ADDRESSES

Agency Name And Address: Agency Code:	Sub-Producer Name And Address Sub-Producer Code:
Applicant Name And Mailing Address: Daytime Phone Number:	Lienholder And Address: Account Number:

INFORMATION ABOUT YOUR PERSONAL WATERCRAFT(S)

	Model Year	Manufacturer & Model	Engine CC's	Purchase Date	Price	Current Value	Hull & Trailer Identification Number
Unit 1							
Unit 2							
Trailer							

ADDITIONAL INFORMATION

Designed Passenger Capability <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Storage Location (if different from residence): City: _____ State: _____ Zip: _____
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Specific local waters primarily navigated:

OPERATOR INFORMATION

Name Of All Operators	Date Of Birth	Drivers License Number	Issuing State	PWC Experience (Years)
	/ /			
	/ /			
	/ /			
	/ /			

ADDITIONAL QUESTIONS OF THE APPLICANT (Any "YES" answers require Home Office approval.)

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|--|------------------------------|-----------------------------|
| 1) Will subject watercraft(s) be rented or used for any commercial purpose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Does/do watercraft(s) have any deficiencies or unrepaired damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Is/are watercraft(s) owned in whole or in part by anyone other than you (excluding Lienholder)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Is/are watercraft(s) ever stored in a public parking area such as an apartment house parking lot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Have you received any marine insurance claim payments within the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Has an insurer ever paid for or defended a liability claim against you under a marine insurance policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Was there a lapse in insurance coverage for more than 30 days just before completing this Application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Have you or any regular operator ever been convicted of or pleaded no contest to a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) In the last 36 months has any operator: | | |
| a) been charged with operating a boat or motor vehicle under the influence of drugs or alcohol; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) been charged with reckless or careless driving; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) had more than 2 moving violations within the last 36 months. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe any "yes" answers here (use additional paper if needed):

