



OLD UNITED CASUALTY COMPANY
*(d/b/a Vantage Casualty Company
 in the State of California)*
 MARINE DIVISION

**All States
 Personal Watercraft
 Application**

**ALL STATES—EXCEPT
 AK, CA, CT, FL, GA, HI, MA, ME,
 NH, NY, RI, TX, VA, VT, WA & WV**

**Annual Package Includes: \$15,000 Liability, \$1,000 Medical Payments
 ALL RISKS PHYSICAL DAMAGE—\$250 DEDUCTIBLE**

***Rate Jet Boats 16 feet and less, under 826-1199 cc's category**

POLICY TERM	From _____ To _____	BINDING RULE: For coverage to begin when requested, application must be fully completed. Pay special attention to providing accurate, model information and obtaining all required signatures. The application must be postmarked within 72 hours of the effective date; otherwise coverage is bound 12:01 AM the date received by Old United/Vantage Casualty Company.
	Date Application Completed _____ Time _____	
NAMED INSURED	Name _____	
	Address _____ City _____ State _____ Zip _____	
LIEN HOLDER	Lien Name _____ Loan # _____	
	Address _____ City _____ State _____ Zip _____	
PRODUCER	Agency Name _____ Phone No. (Incl. area code) _____ Agency Code _____	
	Address _____ City _____ State _____ Zip _____	

ALL HOUSEHOLD RESIDENTS OVER 15 AND OTHER OPERATORS (Use second application if needed.)

Name(s)	Birth Date MM/DD/YY	Automobile Drivers License Number	State Issuing License	% of Use	Marital Status (M or S)	Motor Vehicle Accident(s) Yes No	Motor Vehicle Violation(s) Yes No	License Suspension(s) Yes No	Prior Losses Yes No
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Explain any "YES" answers: _____

OPERATOR REQUIREMENTS

No more than five (5) points for all operators combined in the last 3 years.

*****DESCRIPTION OF PERSONAL WATERCRAFT—Not to exceed 18 feet in length!**

Serial Number	Length	Year	CC's	Make/Model	Date Purchased	**Purchase Price
1						
2						

Jet Boats Unit # _____ 4 Seater Jet Skis Unit # _____ ****INSURES ONLY STOCK MANUFACTURED WATERCRAFT **ACTUAL CASH VALUE POLICY**

DESCRIPTION OF TRAILER(S)

Serial Number	Year	Make/Model	**Purchase Price

COVERAGES PER UNIT (6 month policy available by multiplying "Premium" x .60)

	UNIT #1	UNIT #2
PACKAGE: Includes All Risks Physical Damage on Personal Watercraft, \$250 Deductible, \$15,000 Liability, \$1,000 Med Pay	\$	\$
OPTIONAL DEDUCTIBLES: <input type="checkbox"/> \$300 Deductible <input type="checkbox"/> \$350 Deductible <input type="checkbox"/> \$500 Deductible	\$	\$
INCREASED LIABILITY FOR PACKAGE: All Sizes <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000	\$	\$
INCREASED MEDICAL PAYMENTS FOR PACKAGE (\$1,000 Included): All Sizes <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	\$	\$
LIABILITY ONLY: All Sizes <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000	\$	\$
Medical Payments may be purchased with Liability Only at a rate of: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	\$	\$
WATERSPORTS LIABILITY COVERAGE: All Sizes (This cannot exceed the limit of Liability coverage purchased) <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000	\$	\$
TRAILER COVERAGE: <input type="checkbox"/> Add \$20 (\$250 Trailer Deductible applies)	\$	\$
UNINSURED BOATOWNERS COVERAGE: (This cannot exceed the limit of Liability coverage purchased) <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000	\$	\$
ACCESSORY COVERAGE— List accessories below. <input type="checkbox"/> \$3 premium for every \$100 of coverage.	\$	\$
<i>Item Value \$</i> _____ <i>Item Value \$</i> _____	\$	\$

CREDITS AND/OR SURCHARGES:

- 10% Multi-Unit
- +10% - 2 Owners
- 20% Claim Free Renewal (If watercraft insured with OUC or other company of our producer and has been claim free for 12 months)
- +25% - 3 Owners
- 10% Transfer Discount—Applies to 1st policy term (If watercraft insured with carrier other than OUC in last 12 months)
- +50% - 4 Owners
- +100% - 5 Owners or more
- +20 to +100% - Adverse Loss Experience

SUB TOTAL	\$	\$
DISCOUNTS/SURCHARGES	\$	\$
SUB TOTAL	\$	\$

APPLICANT'S SIGNATURE

I hereby apply for insurance and I agree the policy shall be null and void if such information is false, misleading, or would materially affect acceptance by the Company.
 "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."
No coverage for COMMERCIAL or RENTAL use.
 Applicant's Signature X _____ Date _____
 If under 18, parent must also sign.

Minimum Written & Retained Premium—\$100	TOTAL PREMIUM	\$
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BILLING OPTIONS—Annual Policies Only

- (\$5 fee per payment) **Payment in Full**
- 2 Payments (50% Down, Installments are 150 Days Apart)
- 4 Payments (25% Down, 2nd Installment is due in 60 Days, 3rd and 4th Installments are due 90 Days Apart)