

| APPLICANT INFORMATION | PRODUCER INFORMATION |
|-----------------------|----------------------|
|-----------------------|----------------------|

| | |
|---|---|
| Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Website: _____ Desired Effective Date: From _____ to _____ Tax ID/SSN: _____ Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe): _____ | Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Producer Code #: _____ |
|---|---|

| GENERAL INFORMATION |
|---------------------|
|---------------------|

| | |
|----|--|
| 1. | Business of applicant: _____ |
| 2. | Number of years in business: _____ |
| 3. | Does applicant have any divisions or affiliates not to be insured hereunder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | If yes, please name & describe: _____ |
| 5. | Has the applicant had any insurance policy declined, cancelled, or non-renewed during the prior 3 years? (MISSOURI APPLICANTS NEED NOT REPLY) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, give details: _____ |
| 6. | Has the applicant ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | If yes, give details: _____ |

| BUSINESS DETAILS |
|------------------|
|------------------|

| | |
|----|--|
| 1. | Describe all ways in which the vessels are used: _____ |
| 2. | Are any vessels homemade or have any the vessels been modified or altered from original, stock condition? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, describe: _____ |
| 3. | Are all vessels seaworthy and fit for their intended use? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If no, describe: _____ |
| 4. | Is swimming, snorkeling, SCUBA or diving allowed from any vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, describe: _____ |
| 5. | Do individuals stay onboard overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Is there any affiliation with a camp or youth group? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, describe: _____ |
| 7. | Describe how employees are trained: _____ |
| 8. | What is the age of the youngest employee involved in rental operations (executing rental agreements, training, check out process)? _____ |

RENTAL BOAT USAGE

| | | |
|---|---|--|
| I always have renters sign (check all that apply): | <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> Waiver/Hold Harmless/Assumption of Risk |
| | <input type="checkbox"/> Acknowledgement of Training Received | |
| I always have operators sign (check all that apply): | <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> Waiver/Hold Harmless/Assumption of Risk |
| | <input type="checkbox"/> Acknowledgement of Training Received | |
| I always have non-operator passengers sign (check all that apply): | <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> Waiver/Hold Harmless/Assumption of Risk |
| | <input type="checkbox"/> Acknowledgement of Training Received | |
| How old must an individual be to sign the rental contract? | | |
| How old must an individual be to operate? | | |
| Describe how you screen and validate the experience of each operator: | | |
| Describe any navigational limits placed on the operator: (body of water and/or range of navigation) | | |
| Will operators always be within line of sight? | | |
| Are there any navigation restrictions from dusk until dawn? | | |
| Do you monitor on-water activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe: _____ | | |
| Is on-water assistance provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe: _____ | | |
| Are vessels used for watersports? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe the type of equipment, who supplies it and the types of activities allowed: | | |
| Are prop guards installed on all vessels with outboard motors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If houseboats are scheduled: | | |
| Do any contain rear exhaust for engines or generators? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are Carbon Monoxide and Smoke Detectors installed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are units trailered to other locations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, who trailers the units? (Insured/Owner or Renter) | | |
| Do you provide an employee as captain or crew to a renter? | | |
| If yes, describe: _____ | | |
| Are PWCs used for guided tours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe: _____ | | |

COVERAGE REQUESTED

| | | | | |
|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| Protection & Indemnity Limit: | <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | |
| Protection & Indemnity Deductible: | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Other: |
| | | | | |
| Owned Watercraft Deductible | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Other: |
| | | | | |

ADDITIONAL COVERAGES

| | | |
|--|---|--|
| <input type="checkbox"/> Watersports Liability | <input type="checkbox"/> Rental Captain | <input type="checkbox"/> Pleasure Use by Owners & Managers |
|--|---|--|

WATERCRAFT SCHEDULE
(Attach additional pages if necessary)

| | | | | | | | |
|----------------------------|---------------|------------|-------|---------------|-----------|--------------|--|
| Vessel #1 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #2 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #3 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #4 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #5 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #6 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #7 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #8 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #9 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #10 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #11 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #12 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #13 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #14 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vessel #15 | Manufacturer: | Hull ID #: | Year: | # of Engines: | Total HP: | Total Value: | |
| Loss Payee Name & Address: | | | | | | | Liability Only: <input type="checkbox"/> Yes <input type="checkbox"/> No |

RENTAL OPERATIONS
WARRANTY OF COMPLIANCE OF TERMS

The words "you" and "your" refer to the Named Insured shown in the Declaration. The words "we," "us" and "our" refer to the Company providing this insurance.

In consideration of the coverage provided under Form MYD 00002 PART I – LIABILITY COVERAGE, SECTION C. PROTECTION AND INDEMNITY and amendatory endorsement MYD 00036 (Rental Coverage), you make the following Warranties, which shall be a basis of the insurance. You agree that each Warranty is material to our decision to insure you and that, but for these Warranties, no policy would be issued.

Failure to comply with any one of these Warranties WILL render coverage under this policy null and void in the event of a loss or claim.

Any warranties, conditions, recommendations, or requirements set forth in your policy, its related documents and within this form, are to be utilized for underwriting and coverage purposes only and are not to be construed as the applicable 'Standards' in the industry or as 'Safety Standards' in any litigation which may arise against the insured.

YOU WARRANT FOR ALL RENTAL ACTIVITIES THAT:

- A. For each insured watercraft that is rented, that vessel will be equipped with at least as many USCG approved Personal Floatation Devices (PFD's) as the number of passengers that watercraft is registered or designated to carry, whether required by the state or local law or not. Children must be provided with appropriately sized PFD's.
- B. For each insured houseboat that is rented, the vessel will be equipped with working carbon monoxide and smoke detectors.
- C. All persons renting an insured watercraft must be at least 18 years of age and possess a current valid driver's license. Further, any operator must meet the required qualification (state or federal) to operate that watercraft legally.
- D. All equipment will be inspected daily, prior to the commencement of rental. Equipment, which a reasonable and prudent person in the industry would consider damaged and worn, so as to create a potential hazard to life or health, will never be used in any Rental activity.
- E. Prior to embarkation or boarding or participating in any rental activity, the renter and each passenger will be required to sign the appropriate BOAT RENTAL RELEASE (hereinafter "Release") form provided by you and agreed upon by us. In the event a passenger is less than 18 years of age, his or her parent or (adult) legal guardian must sign the appropriate Release where allowed by state law.
- F. You will ensure that both the Release form, provided by you and agreed upon by us, are fully and accurately completed. It is a requisite for coverage hereunder that you will retain these forms for a minimum of 7 years and be able to produce these documents upon request by us.
- G. You will not allow any renter or passenger(s) to board an insured watercraft when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs.
- H. Prior to any rental, all operators will be provided with instruction covering the operational and safety characteristics of the insured watercraft, boating regulations unique to the area of operation, including but not limited to speed, distance to maintain from other watercraft or swimmers, no wake zones.

It is hereby understood and agreed that if any activity takes place, without full compliance by you, your employees and/or contractors with all Warranties set forth above, the insurance coverage provided by the Policy shall be null and void. All other terms, conditions, limitations and exclusions remain unchanged.

I am either the owner of the business, or am authorized to sign on behalf of the designated insured, whether a partnership, corporation, or other form of organization, which has applied for Protection and Indemnity Coverage. By my signature below, I attest to the fact that I have read, understood, and agree to the stated terms, conditions and Warranties that are part of this endorsement. If insurance is offered to us this signed agreement will form a part of the policy.

Submission to the insurer of this form or other information does not obligate the insurer to provide all, or any of, the insurance requested not obligate us to purchase the insurance offered. However, if insurance is placed, we acknowledge that failure to abide by the terms of this agreement will lead to suspension of coverage, denial of coverage, and defense under this policy.

AUTHORIZED SIGNATURE OF INSURED: _____ **DATE:** _____

PRINTED NAME OF INSURED: _____ **Title:** _____

LOSS HISTORY

Please attach a loss history for the last five (5) years

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____ Date: _____
Print Name: _____ Title: _____

Producer
Signature: _____ Date: _____
Print Name: _____ Title: _____