

Professional Anglers Insurance Program

REQUESTED EFFECTIVE DATE		GENERAL AGENT CODE: _____	PRODUCER CODE _____
APPLICANT'S NAME		PRODUCER'S NAME & ADDRESS	
MAILING ADDRESS			
CITY / ST. / ZIP CODE			
DAYTIME PHONE NUMBER	SOCIAL SECURITY #	PRODUCER'S PHONE NUMBER:	PRODUCER'S FAX NUMBER:

SELECT ALL THE BOXES THAT DESCRIBE YOUR ACTIVITIES AS A PROFESSIONAL ANGLER

NUMBER OF YEARS AS A PROFESSIONAL ANGLER: _____ <input type="checkbox"/> TOURNAMENT FISHING: _____ DAYS/YEAR <input type="checkbox"/> FISHING GUIDE: _____ DAYS/YEAR <input type="checkbox"/> TAKING BUYERS & SPONSORS OUT FISHING <input type="checkbox"/> CHARITY FISHING EVENTS	<input type="checkbox"/> WORKING BOOTHS AT SPORT SHOWS <input type="checkbox"/> WORKING AT DISTRIBUTOR SHOWS <input type="checkbox"/> WORKING AT DEALERS' OPEN HOUSE <input type="checkbox"/> CONDUCTING SEMINARS/WORKSHOPS <input type="checkbox"/> TV OR RADIO SPOTS	<input type="checkbox"/> OTHER: (PLEASE EXPLAIN)
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REGISTRATION #	BOAT LENGTH	BOAT MATERIAL	BOAT WEIGHT	MAIN DRIVE	TOTAL HP	MAX SPEED
		<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM		<input type="checkbox"/> OUTBOARD <input type="checkbox"/> OUTBOARD JET		

PROPERTY	YEAR	MANUFACTURER AND MODEL NAME	HULL ID / SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
BOAT						
MAIN OUTBOARD			HP:			
AUX. OUTBOARD			HP:			
BOW TROLLING			HP:			
TRAILER						

NOTE: HULL ID'S AND SERIAL NUMBERS ARE REQUIRED TO BIND COVERAGE

BOAT EQUIPMENT (Permanently Installed)	<input type="checkbox"/> PFD's <input type="checkbox"/> Fire Extinguisher(s) <input type="checkbox"/> Marine Compass <input type="checkbox"/> Visual Distress Signals <input type="checkbox"/> Sound Signal Device	<input type="checkbox"/> Ship To Shore Radio <input type="checkbox"/> Console Depth Finder <input type="checkbox"/> Console Mount GPS <input type="checkbox"/> EPIRP <input type="checkbox"/> Built In Stereo	<input type="checkbox"/> Outboard Locks <input type="checkbox"/> Propeller Hub Locks <input type="checkbox"/> Trailer Ball or Axle locks <input type="checkbox"/> Jack Plate <input type="checkbox"/> Stainless Steel Prop	<input type="checkbox"/> Alarm System <input type="checkbox"/> Bow Mount Fish Finder <input type="checkbox"/> Bow Mount GPS <input type="checkbox"/> Other:
FISHING & PERSONAL EFFECTS	<input type="checkbox"/> _____ Rods & Reels <input type="checkbox"/> _____ Tackle Boxes <input type="checkbox"/> Hand Held GPS	<input type="checkbox"/> Other: Schedule Any Individual Item Over \$500:		

Are Maintenance And Operation Logs Kept For This Vessel? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:	Is There Any Pre-Existing Damage To This Vessel? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
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Has The Vessel, Engine(s) Or Operating Equipment Been Modified Or Altered From Their Original Stock Condition?
 No Yes, Explain:

SELECT ALL BOXES THAT DESCRIBE YOUR AREA OF NAVIGATION?	FISHING SEASON
<input type="checkbox"/> Inland Lakes and Rivers of the US <input type="checkbox"/> Inland Lakes and Rivers of Canada <input type="checkbox"/> Great Lakes <input type="checkbox"/> Fox River Chain, IL <input type="checkbox"/> Coastal Waters	<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonally From _____ To _____

ADDRESS WHERE BOAT IS KEPT WHEN IN SERVICE:	ADDRESS WHERE BOAT IS STORED WHEN OUT OF SERVICE (IF DIFFERENT)
<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat	<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat

OPERATOR'S NAME	BIRTH DATE	DRIVER'S LICENSE NO. & STATE	VIOLATIONS & ACCIDENTS	YRS BOATING
1				
2				

LIST ALL BOATING LOSSES IN THE LAST 3 YEARS - TYPE, DATE, AMOUNT OF LOSS, DATE REPAIRED

PREVIOUS INSURANCE CARRIER	HAS ANY COMPANY EVER CANCELED OR NON-RENEWED INSURANCE FOR THIS APPLICANT? (MISSOURI RESIDENTS NEED NOT ANSWER) <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN:
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STATEMENT OF ELIGIBILITY: I, THE UNDERSIGNED, CONFIRM THAT I MEET ALL THE REQUIREMENTS LISTED BELOW.

- I AM AT LEAST 21 YEARS OLD
 - THE BOAT IS LESS THAN 15 YEARS OLD.
 - THE BOAT IS USED ONLY ON INLAND, GREAT LAKES, INLAND CANADIAN WATERS, AND NO MORE THAN 25 MILES OFFSHORE.
 - THE BOAT IS LESS THAN 26 FEET IN LENGTH, AND OUTBOARD POWERED.
 - I HAVE AT LEAST THREE (3) YEARS EXPERIENCE WITH THIS OR SIMILAR TYPE BOATS
 - NO OPERATOR HAS HAD ANY MAJOR TRAFFIC VIOLATIONS IN THE LAST THREE YEARS: E.G. RECKLESS DRIVING, HIT AND RUN, NEGLIGENT HOMICIDE, OUI.
 - NO OPERATOR HAS MORE THAN ONE (1) MINOR TRAFFIC VIOLATION IN THE PAST THREE (3) YEARS: E.G. SPEEDING, FAILURE TO YIELD, FAILURE TO OBEY TRAFFIC SIGNAL, AT FAULT ACCIDENT.
 - NO PAID CREW IS EMPLOYED TO OPERATE OR MAINTAIN THE BOAT.
 - THE BOAT IS NOT USED FOR WATER-SKIING OR SIMILAR ACTIVITIES.
 - I HAVE HAD NO MORE THAN 1 BOATING LOSS IN THE LAST 3 YEARS
- I UNDERSTAND THAT MY APPLICATION FOR THIS INSURANCE PROGRAM MAY BE DENIED IF I DO NOT MEET ALL OF THESE ELIGIBILITY REQUIREMENTS.

X _____
 APPLICANT'S SIGNATURE DATE

REMARKS

LIENHOLDER OR ADDITIONAL INTEREST

NAME AND ADDRESS

ADDITIONAL INSURED

NAME, ADDRESS AND RELATIONSHIP TO APPLICANT

PACKAGE 1 (PREMIUM BASED ON RESIDENCE STATE)

- \$931 – AL, AR, AZ, CA, FL, GA, LA, MS, NC, NM, OK, SC, TN, TX
 \$761 – ALL OTHER STATES

\$35,000 ACV Boat, Engines & Equipment w/\$500 deductible
 \$2,500 ACV Trailer Physical Damage w/\$250 deductible
 \$1,000 Fishing Gear & Personal Effects w/\$250 deductible
 \$500 Non emergency towing and assistance
 \$500,000 Professional Anglers Liability
 \$1,000 Medical Payments
 \$1,000 Tournament Fee Reimbursement

PACKAGE 2 (PREMIUM BASED ON RESIDENCE STATE)

- \$1,179 – AL, AR, AZ, CA, FL, GA, LA, MS, NC, NM, OK, SC, TN, TX
 \$975 – ALL OTHER STATES

\$45,000 ACV Boat, Engines & Equipment w/\$1000 deductible
 \$3,500 ACV Trailer Physical Damage w/\$500 deductible
 \$5,000 Fishing Gear & Personal Effects w/\$250 deductible
 \$500 Non emergency towing and assistance
 \$500,000 Professional Anglers Liability
 \$1,000 Medical Payments
 \$1,000 Tournament Fee Reimbursement

PACKAGE PREMIUM (ENTER AMOUNT CHOSEN ABOVE)

ADDITIONAL FISHING GEAR & PERSONAL EFFECTS* +2,000 +4,000 +6,000 +8,999 X .03 =

ADDITIONAL TRAILER VALUE (ENTER AMOUNT OVER PACKAGE AMOUNT) _____ X .02 =

ADDITIONAL MEDICAL PAYMENTS +1,000 +2,000 +3,000 +4,000 X .01 =

INCREASED PROFESSIONAL ANGLER'S LIABILITY \$1,000,000 +\$79

*PLEASE PROVIDE DETAILED LIST IF TOTAL ADDITIONAL FISHING GEAR OR PERSONAL EFFECTS IS > \$1,000

TOTAL ANNUAL PREMIUM

CREDIT CARD INFORMATION

PAYMENT TYPE: CHECK (PAYABLE TO MARKEL AMERICAN INSURANCE COMPANY, EXCEPT IN CT, NH, NJ, AND VT. CHECKS PAYABLE TO MARKEL INSURANCE CO.)
 VISA MASTER CARD DISCOVER (NO COVERAGE IS BOUND IF CARD DOES NOT ACCEPT PAYMENT)

CREDIT CARD NUMBER _____ SIGNATURE _____

CREDIT CARD EXPIRATION DATE _____ DATE _____

APPLICANT'S STATEMENT AND SIGNATURE

THIS NOTICE IS GIVEN IN COMPLIANCE WITH THE FEDERAL FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508). I UNDERSTAND THAT AS PART OF THE COMPANY'S UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING AND DRIVING RECORD. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

THE FOREGOING STATEMENTS MADE AND SIGNED BY THE APPLICANT REPRESENTS THE INFORMATION SET FORTH AS CORRECT AND A TRUE BASIS ON WHICH INSURANCE MAY BE GRANTED BUT IN NO WAY BINDS THE APPLICANT TO ACCEPT A QUOTATION OR THE INSURERS TO ACCEPT THE RISK. IF COVERAGE IS BOUND BY THE COMPANY, THIS APPLICATION WILL ATTACH TO AND BE MADE PART OF THE POLICY.

APPLICANT'S SIGNATURE _____ Date _____ Producer's Signature _____ Date _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company filed 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.

SCHEDULE OF VESSEL EQUIPMENT

ITEMIZE PERMANENTLY MOUNTED EQUIPMENT THAT IS GENERALLY KEPT ONBOARD AND REQUIRED FOR THE SAFE OPERATION, NAVIGATION OR MAINTENANCE OF THE WATERCRAFT. THIS COVERAGE IS NOT AUTOMATIC. INCLUDE THE TOTAL ON PAGE 1

DESCRIPTION, MAKE, MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
MISCELLANEOUS VESSEL EQUIPMENT, WHERE THE VALUE FOR NO SINGLE ITEM IS GREATER THAN \$500 (LIMIT \$1,000)				
TOTAL VESSEL EQUIPMENT				

SCHEDULE OF PERSONAL EFFECTS

LIST ITEMS THAT BELONG TO YOU SUCH AS FISHING GEAR, CAMERAS, PORTABLE RADIOS & EQUIPMENT, AND WEARING APPAREL, ETC., FOR WHICH YOU DESIRE COVERAGE. THIS COVERAGE IS NOT AUTOMATIC. INCLUDE ON PAGE 1

DESCRIPTION, MAKE, MODEL	SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
MISCELLANEOUS PERSONAL EFFECTS WHERE THE VALUE FOR NO SINGLE ITEM IS GREATER THAN \$500 AND THE TOTAL VALUE IS < \$1,000				
TOTAL PERSONAL EFFECTS				