



Partners Mutual Insurance Company
 20935 Swenson Drive
 Waukesha, Wisconsin 53186-2057

APPLICATION FOR BOAT INSURANCE

MAIL TO: AGENT INSURED

ITEM 1

Name _____ Age _____ Single Widow(er)
 Married Divorced
 Address _____
 Occupation _____ Employer _____
 (If housewife, state husband's occupation)

ITEM 2

CPO Plan Requested Yes No Yes

Term _____ Effective _____ To _____ Payable Annually? No
 Total Amount of Insurance \$ _____ Rate _____ Premium _____
 Type of Policy Desired: Full Coverage \$25 Deductible \$50 Deductible \$100 Deductible \$250 Deductible \$500 Deductible

ITEM 3 - DESCRIPTION OF PROPERTY TO BE INSURED Outboard Inboard/Outboard Inboard Sail

Article	Model Year Model Name	Make of Motor Make and Length of Boat	Horse power	Model No., Serial No. and *Type of Starter	Purchased by Applicant				Amount of Insurance
					Month	Year	New or Used	Cost	

*Recoil, electric, or electromatic

ITEM 4 - UNDERWRITING INFORMATION

List Drivers Other Than Applicant

Name	Age	Relation to Applicant	Percent of Use	Married	
				Yes	No
1.					
2.					

If Inboard-Outboard, maximum speed _____ M.P.H. (Acceptable up to 26 feet in length) Explain YES answers in REMARKS section

Is property ever loaned or rented to others? Yes No 100% Direct Bill

Has applicant sustained any losses in the last 5 years that would be recoverable under this policy? Yes No Send Policy To:

Has applicant ever been refused this kind or similar kind of insurance? Yes No Agency

Is trailer designed to carry the boat and motor listed above? Yes No Insured

What are primary used of boat and motor? _____

In what waters is property used? _____

Where is boat and motor kept in off season? _____

Policy numbers of present Partners Mutual Insurance held by applicant _____

Loss payable clause to _____ Mail address _____

What is the auto driving record of operators of boat? _____ Birthdates _____ License Nos. _____

Name of agent or solicitor who solicited business? _____ Date: _____

Do you unqualifiedly recommend the applicant? _____

ITEM 5 - REMARKS

Warranted that the above are True Statements which are made on the basis of the contract, should a Policy be issued.

Agency _____ Date Completed _____
 Address _____ Signature of Applicant _____