



# MINNESOTA MARINE CHOICE INSURANCE APPLICATION

PRODUCER CODE 89-5307-233		
PRODUCER NAME DARIEN SCHAUF INSURANCE AGENCY INC		
STREET ADDRESS 3470 WASHINGTON DR#103		
CITY EAGAN	STATE MN	ZIP CODE 55122-1329

POLICY OR REFERENCE NO. 0077961289	POLICY EFFECTIVE DATE 12/08/2018	TERM 12 MONTHS	PHONE NUMBER (651) 280-4189	FAX NUMBER (952) 314-3886
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**PRIMARY APPLICANT** Must be an INDIVIDUAL who is at least 18 years of age and have title to the watercraft. If title has been transferred to a TRUST or a BUSINESS, the trust or business may be listed as an ADDITIONAL INSURED. Identify the trust or business in the ADDITIONAL INSURED field below.

PRIMARY APPLICANT TODD	FIRST TODD	MIDDLE TODD	LAST YORK
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DATE OF BIRTH 10/04/1970	MARITAL STATUS M	SOCIAL SECURITY NUMBER	PHONE NUMBER (763) 972-9523
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MAILING ADDRESS 1008 MAPLEWOOD DR		CITY DELANO	STATE MN	ZIP CODE 55328-9226
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SECONDARY APPLICANT	FIRST	MIDDLE	LAST	DATE OF BIRTH
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**OWNER/OPERATOR INFORMATION**

NAME	DATE OF BIRTH	MARITAL STATUS	DRIVER'S LICENSE NUMBER	ISSUING STATE	RELATIONSHIP TO APPLICANT	OWNER/OPERATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	YEARS OF BOATING EXPERIENCE	# YEARS WATERCRAFT OWNERSHIP
1 PRIMARY APPLICANT	---	---	D974068340820	MN	---	<input checked="" type="checkbox"/>			25	25
2 JILL YORK	04/09/1969	M	W893231204720	MN				<input checked="" type="checkbox"/>	---	---
3 LAUREN YORK	10/30/1999	S	L682112176816	MN				<input checked="" type="checkbox"/>	---	---

**ADDITIONAL INSURED** List the PERSON, the TRUST, or the BUSINESS entity having title to the watercraft. A BUSINESS having title *must be for tax purposes only*. The policy does not provide coverage for business, professional or occupational use.

NAME \_\_\_\_\_  
IF BUSINESS, SPECIFY TYPE \_\_\_\_\_

**BOAT SAFETY NAVIGATION COURSE(S)** INDICATE WHICH OWNER(S) HAVE COMPLETED THE COURSE.

<input type="checkbox"/> STATE ADMINISTERED SAFETY COURSE _____	<input type="checkbox"/> MERCHANT MARINE LICENSE _____	<input type="checkbox"/> POWER SQUADRON COURSE _____
<input type="checkbox"/> COAST GUARD AUXILIARY _____	<input type="checkbox"/> COAST GUARD COURSE _____	<input type="checkbox"/> STATE & FEDERAL ACCREDITED MARITIME ACADEMY _____
<input type="checkbox"/> CAPTAIN'S LICENSE _____	<input type="checkbox"/> CHAPMAN BOATING SCHOOL _____	<input type="checkbox"/> COMMERCIAL AVIATION LICENSE _____
<input type="checkbox"/> MARINE PILOT'S LICENSE _____		

**PAID MARINE LOSSES** INDICATE AMOUNT PAID FOR THE PAST 3 YEARS.

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

**WATERCRAFT INFORMATION** IF MORE THAN 1 WATERCRAFT, COMPLETE A SECOND APPLICATION. COMPLETE ALL APPLICABLE INFORMATION.

STATE MN PRIMARY WATERS NAVIGATED MN  
 INLAND/STATE  INLAND/UNITED STATES  COASTAL/STATE WITHIN 75 MILES  COASTAL/UNITED STATES WITHIN 200 MILES

YEAR	MANUFACTURER	MODEL	LENGTH	HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT	POWER TYPE
1976	WEERES PONTOONS	SPORTSMAN	20 FT 0 IN	TBA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> INBOARD <input checked="" type="checkbox"/> OUTBOARD <input type="checkbox"/> SAIL <input type="checkbox"/> NO ENGINE <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> JET DRIVE <input type="checkbox"/> OUTBOARD JET DRIVE

<input checked="" type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> COMPOSITE <input type="checkbox"/> OTHER <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> FIBERGLASS OVER WOOD	FUEL TYPE <input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NO ENGINE/MOTOR	# MAIN DRIVE ENGINES 1	HORSEPOWER OF EACH 65	MAXIMUM SPEED (MPH) 35
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PROTECTIVE DEVICES <input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING EQUIPMENT <input type="checkbox"/> THEFT RECOVERY DEVICE <input type="checkbox"/> CENTRAL STATION MONITORING SYSTEM <input type="checkbox"/> DOCK ASSIST <input type="checkbox"/> ALARM SYSTEM (HIGH WATER/FIRE/THEFT) <input type="checkbox"/> NMMA CERTIFICATION <input type="checkbox"/> NO STRIKE LIGHTNING SYSTEM <input type="checkbox"/> PWC BRAKE SYSTEM	VALUE OF WATERCRAFT (Including Primary Motors and Engines, Excluding Trailers) \$ 0	EXISTING DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO? IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)
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WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD?  YES  NO HOW MANY MONTHS? 6

**DESCRIPTION OF OUTBOARD MOTOR(S)** IF MORE THAN TWO MOTORS, ADD TO THE REMARKS SECTION.

#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER
1	1978	EVINRUDE	MOTOR	80.0	Gas	NA
2						

**MOORING / STORAGE ADDRESS**

REGISTRATION STATE	MARINA NAME	ADDRESS 1008 MAPLEWOOD DR	CITY DELANO	ZIP CODE 55328-9226	STATE MN	COUNTY WRIGHT
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LOCATION TYPE  APARTMENT PARKING LOT  HOME RESIDENCE  MARINA  
 SELF STORAGE FACILITY  OTHER PUBLIC STORAGE  OTHER DESCRIBE \_\_\_\_\_

SECURITY TYPE  FENCED AREA  LIGHTED AREA  SECURITY CAMERA  CLOSED GATE MARINA/LIMITED ACCESS  
 SECURITY GUARD  BURGLAR ALARM  PATROLLING SECURITY GUARD  OTHER (DESCRIBE) \_\_\_\_\_

DOES THE APPLICANT LIVE WITHIN 150 MILES OF THE WATERCRAFT MOORING/STORAGE LOCATION?  YES  NO

**DESCRIPTION OF TRAILER** HOMEMADE TRAILERS ARE PROHIBITED.

YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			\$

**ADDITIONAL INTEREST** INDICATE WHICH UNIT (Watercraft, Motor or Trailer) HAS AN ADDITIONAL INTEREST.

UNIT	LOAN NUMBER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

**UNDERWRITING QUESTIONS**

- Does the insured have another personal lines or life policy with Foremost, Farmers, Bristol West or 21st Century?  Yes  No If yes, more than one?  Yes  No  
A life policy must be term, whole, universal or variable universal policy, have face amount of \$50,000 or greater, issued to an adult and in force.
- Has the applicant had watercraft insurance for the past 12 months with no lapse?  Yes  No
- MULTI-OWNERS - How many additional owners excluding resident relatives of the first named insured? 0  
Provide name and address for each additional owner in the remarks section.

**COVERAGE**

POLICY COVERAGE	WATERCRAFT COVERAGE
<b>PERSONAL LIABILITY COVERAGE</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input checked="" type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	<b>Specify Package</b> <span style="float: right;"><b>Deductible</b></span> Liability Only _____
<b>MEDICAL PAYMENTS COVERAGE</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input checked="" type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000	Available packages can be found in the program guide.
<b>UNINSURED WATERCRAFT COVERAGE</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input checked="" type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
<b>TOWING AND ASSISTANCE COVERAGE</b> <input type="checkbox"/> \$500* <input checked="" type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 *Not available for Performance Elite or Marine Choice Elite Packages	
<b>PERSONAL PROPERTY COVERAGE - REPLACEMENT COST</b> (Round to Nearest Hundred) \$ _____	
<b>TRAILER DEDUCTIBLES</b> <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	

REMARKS

**REQUIRED APPLICANT INFORMATION** APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

**IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING OR ATTEMPTING TO DEFAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.**

In connection with this application for insurance, we will review your credit report or obtain or use a credit score, insurance score or other credit information as part of the underwriting process. We may use a third party in connection with the development of your insurance score.

**Notice of Information Practices.** The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information. Upon request, we may provide reasonable underwriting exceptions based upon prior credit histories for persons whose credit information is unduly influenced by expenses related to a catastrophic injury or illness, temporary loss of employment, or the death of an immediate family member. (72A. 20 Subd. 36 (b) and (f).)

- I agree to allow the insurer and its representatives to secure and review consumer report information including motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect as long as I am continually insured with the insurer unless I revoke it.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
- I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.

APPLICANT SIGNATURE  DATE 12/26/18 TIME 2:06  AM  PM

**REQUIRED PRODUCER INFORMATION**

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE  DATE 12/03/2018 TIME \_\_\_\_\_  AM  PM

PRODUCER NAME (Print) Darien DeClan Schauf PRODUCER LICENSE NO. \_\_\_\_\_

**PAYMENT PLANS** COLLECT FULL PAYMENT OR REQUIRED DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE.

<input checked="" type="checkbox"/> FULL PAYMENT <input type="checkbox"/> 3 PAY <input type="checkbox"/> 6 PAY <input type="checkbox"/> _____ A Service Fee will be included in each installment payment other than full-payment.	<b>DOWN PAYMENT COLLECTED</b> \$ <u>268.00</u>	<b>BALANCE DUE</b> \$ _____
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**NOTE: THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN  
INSOLVENCY UNDER THE MINNESOTA INSURANCE  
GUARANTY ASSOCIATION LAW**

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

Minnesota Insurance Guaranty Association  
7600 Parklawn Avenue #460  
Edina, Minnesota 55435  
(852) 831-1908

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to worker's compensation insurance. Protection by the Guaranty Association is subject to other substantial limitations and exclusions. If your claim exceeds the Guaranty Association's limits you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell property & casualty insurance or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.