



Boat App.

MINNESOTA MARINE CHOICE INSURANCE APPLICATION

PRODUCER CODE 89-5307-233		
PRODUCER NAME M J MCPHERSON INSURANCE AGENCY INC		
STREET ADDRESS 3470 WASHINGTN DR#103		
CITY EAGAN	STATE MN	ZIP CODE 55122-1329
PHONE NUMBER (651) 280-4180	FAX NUMBER (651) 289-0060	

POLICY OF REFERENCE NO. 0076091262	POLICY EFFECTIVE DATE 09/01/2016	TERM 12 MONTHS	PHONE NUMBER (651) 280-4180	FAX NUMBER (651) 289-0060
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 LOREN	FIRST LOREN	MIDDLE MIDDLE	LAST SCHMELING	
DATE OF BIRTH 07/07/1946	MARITAL STATUS M	SOCIAL SECURITY NUMBER		PHONE NUMBER (320) 583-6175
MAILING ADDRESS 11145 WHITNEY LAKE RD E			CITY HUTCHINSON	STATE MN
SECONDARY APPLICANT			FIRST MIDDLE	LAST DATE OF BIRTH

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			Q457138614616	MN		<input checked="" type="checkbox"/>			30	30
2 KAREN SCHMELING	11/15/1948	M	C673062099416	MN				<input checked="" type="checkbox"/>		
3										

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"/> CHAFMAN 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 FT IN	HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	POWER TYPE <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
2005	LUND BOATS	1800 FISHER	18 6	LBBBS111H405	<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

HULL MATERIAL	FUEL TYPE	# MAIN DRIVE ENGINES	HORSEPOWER OF EACH	MAXIMUM SPEED (MPH)
<input checked="" type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> COMPOSITE <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> FIBERGLASS OVER WOOD <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> NO ENGINE/MOTOR <input type="checkbox"/> ELECTRIC	1	175	45

PROTECTIVE DEVICES

<input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING EQUIPMENT	<input type="checkbox"/> THEFT RECOVERY DEVICE	VALUE OF WATERCRAFT (Including Primary Motors and Engines, Excluding Trailers) \$ 12,239	EXISTING DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO? IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)
<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		

WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD? YES NO HOW MANY MONTHS? 4

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

#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER
1	2005	EVENRUDE	TBA	175.0	Gas	NA
2						

MOORING / STORAGE ADDRESS

REGISTRATION STATE	MARINA NAME	ADDRESS 11145 WHITNEY LAKE RD E	CITY HUTCHINSON	ZIP CODE 55350-8313	STATE MN	COUNTY MCLEOD
LOCATION TYPE	<input type="checkbox"/> APARTMENT PARKING LOT <input type="checkbox"/> HOME RESIDENCE <input type="checkbox"/> MARINA <input type="checkbox"/> SELF STORAGE FACILITY <input type="checkbox"/> OTHER PUBLIC STORAGE <input checked="" type="checkbox"/> OTHER DESCRIBE Residential					
SECURITY TYPE	<input checked="" type="checkbox"/> FENCED AREA <input type="checkbox"/> LIGHTED AREA <input type="checkbox"/> SECURITY CAMERA <input type="checkbox"/> CLOSED GATE MARINA/LIMITED ACCESS <input type="checkbox"/> SECURITY GUARD <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> PATROLLING SECURITY GUARD <input type="checkbox"/> 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
2005	SPARTAN	TRAILER	\$ 1,500

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	
PERSONAL LIABILITY COVERAGE <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		Specify Package Saver Deductible \$250	
MEDICAL PAYMENTS COVERAGE <input checked="" 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 type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000		Available packages can be found in the program guide.	
UNINSURED WATERCRAFT COVERAGE <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 type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		TOWING AND ASSISTANCE COVERAGE <input checked="" type="checkbox"/> \$500* <input 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	
REMARKS		PERSONAL PROPERTY COVERAGE - REPLACEMENT COST (Round to Nearest Hundred) \$ <u>1,000</u>	
TRAILER DEDUCTIBLES <input checked="" type="checkbox"/> \$250 <input type="checkbox"/> \$500		TRAILER DEDUCTIBLES <input checked="" type="checkbox"/> \$250 <input type="checkbox"/> \$500	

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 DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. 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.

- I agree that the insurer may secure and review consumer reports, including motor vehicle records or credit report information as described above, for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer 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 insurer may secure and review new consumer reports in evaluating this policy, or for my request for a change in policy benefits, or for a replacement policy as permitted by law. I understand that this authorization will remain in effect for the full policy term-(1 year) unless I make arrangements to revoke it through my insurance representative and that I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative. 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.
- I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

APPLICANT SIGNATURE Loren Schneider DATE 8/30/2016 TIME 2:00 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 Mathew James McPherson DATE 08/25/2016 TIME AM PM

PRODUCER NAME (Print) Mathew James McPherson 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 A Service Fee will be included in each installment payment other than full-payment.	DOWN PAYMENT COLLECTED \$ 113.00	BALANCE DUE \$ _____
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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.