

<b>TO</b>	<b>ALICIA LOPE</b>
<b>FROM</b>	<b>McGRIFF, SEIBELS &amp; WILLIAMS, INC.</b>
<b>SUBJECT</b>	<b>Boaters Choice Boat Insurance Application</b>
	<b>DATE</b> <b>05/16/19</b>

NAME AND ADDRESS OF OWNER

ALICIA LOPE  
837 22ND AVENUE SE  
MINNEAPOLIS, MN 55414

**\*\*\* THE ATTACHED APPLICATION MUST BE SIGNED  
AND RETURNED WITHIN 30 DAYS OF POLICY  
EFFECTIVE DATE. FAILURE TO DO SO WILL RESULT  
IN POLICY CANCELLATION \*\*\***

Upon review and completion of the application, please fax, email or mail to one of the following:

**Via Fax:** 205-581-9447

**Via Email:** [BOATERSC@MCGRIFF.COM](mailto:BOATERSC@MCGRIFF.COM)

**Via Mail:** Boater's Choice Insurance  
ATTN: Applications  
P.O. Box 10265  
Birmingham, AL 35202-0265

Sincerely,

Boaters Choice Insurance  
(800) 768-2121

**INSURANCE APPLICATION**

**IMPORTANT: Please check this application carefully for accuracy. If there are any corrections or changes, note them directly on the application and initial. If you indicate changes in coverage or limits, these will not become effective until Underwriters approve and you receive a Declarations Page.**

If this application is correct, please sign it and return

NAME AND ADDRESS OF OWNER

ALICIA LOPE  
837 22ND AVENUE SE  
MINNEAPOLIS, MN 55414

POLICY NUMBER: <b>B5JU51565</b>		POLICY EFFECTIVE DATE 5/16/2019	
TELEPHONE NO: (612)356-4729	DATE OF BIRTH 7/10/1987	YEAR AS BOAT OWNER 0	
SPEEDING 0	DUI 0	RECKLESS D 0	'AT FAULT' 0

Other Regular Operator Information		
OTHER REGULAR OPERATORS' NAME:	YEARS EXPERIENCE IN BOATING	AGE

**HULL**

YEAR BUILT : 2008 LENGTH 18 FEET	<b>TYPE OF BOAT</b> <input checked="" type="checkbox"/> RUNABOUT/SPORT <input type="checkbox"/> CRUISER <input type="checkbox"/> FISHBOAT <input type="checkbox"/> JET BOAT <input type="checkbox"/> BASS BOAT <input type="checkbox"/> SAILBOAT <input type="checkbox"/> FISH & SKI <input type="checkbox"/> PONTOON <input type="checkbox"/> HIGH PERFORMNCE <input type="checkbox"/> TRAWLER <input type="checkbox"/> SPORTFISH <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> AUX-SAIL <input type="checkbox"/> DECK BOAT	<b>CONSTRUCTION</b> <input checked="" type="checkbox"/> FIBERGLAS ORROPEL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER
BUILDER / MODEL : BAYLINER MARINE CORP 185 BR		
MORTGAGEE: FLAGSTAR BANK PO BOX 332 CARMEL IN 480820000	PURCHASE PRICE : DATE PURCHASED:	HULL ID# : USHC17CSI708

**MACHINERY AND EQUIPMENT**

MANUFACTURER: MERCUISER YEAR : 2008 HOW MANY : 1 HORSEPOWER (EACH) 200 WEIGHT OF BOAT ENGINE(S) :2000 MAX SPEED : 44 M.P.H.	<b>MAIN ENGINE TYPE</b> <input type="checkbox"/> INBOARD <input checked="" type="checkbox"/> INBOARD/OUTBORD <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET	<b>FUEL</b> <input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> BUILT-IN FIREFIGHTING SYSTEM
ENGINE SERIAL NO(S) : 1A071176	TRAILER SER #: 5KTBS21118F191937	

**NAVIGATION**

BOAT KEPT: CITY MINNEAPOLIS COUNTY HENNEPIN STATE MN	COMMERCIALY CHARTERED YES: ( ) NO: (X) HOW MANY CHARTERS: MAX # of PASSENGERS
<b>PURPOSE:</b> <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Rental <input type="checkbox"/> Live Aboard <input type="checkbox"/> Racing <input type="checkbox"/> Demo Events <input type="checkbox"/> <input type="checkbox"/> Commercial/Charter <input type="checkbox"/> Six Pack <input type="checkbox"/>	

**Cruising Navigation Area(s) – Refer to your policy book and any applicable endorsements for your Cruising Navigation Area**

Coverage	Limit Desired
Boat and Boating Equipment (Agreed Value)	11,821
Trailer - \$50 Deductible	No Coverage
Dinghy/Tender	No Coverage
Dinghy/Tender Outboard	No Coverage
Boating Liability and Uninsured Boater	\$300,000
Pollution Liability	\$939,800
Medical Expenses - \$10,000 Limit is provided in basic policy	\$10,000
Personal Property	\$10,000
Commercial Towing	\$2,000
<b>Deductible - Boat and Boating Equipment</b> 1% Deductible (Min. \$250)      2% Deductible (Min. \$500)      3% Deductible (Min. \$750)      4% Deductible (Min. \$1000)	
<b>Your Deductible Applicable to Boat and Boating Equipment is</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>1% = \$250</b></div>	
<b>Deductible - Named or Numbered Storms</b> Refer to your policy and applicable endorsements	

**LOSS HISTORY**

List all Hull and/or Liability Losses you have had regarding this vessel or any other for the past 5 years			
Date	Type of Loss	Amount	Brief Description
	<input type="radio"/> Hull <input type="radio"/> Liability <input type="radio"/> Hull <input type="radio"/> Liability <input type="radio"/> Hull <input type="radio"/> Liability		NO LOSSES.....
Has your boat policy been cancelled or non-renewed within the last 5 years? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes - Reason for cancellation or non-renewal	

\*\* INSURED NOTICE AND SIGNATURE \*\*

Fraud Statement

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA; in LA, ME, and TN, insurance benefits may also be denied.)

APPLICABLE IN COLORADO

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. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of third degree

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON, AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

DISCLOSURE OF MATERIAL FACTS – Every proposer or insured when seeking new insurance or renewing an existing policy must disclose any information which might influence the company in deciding whether or not to accept the risk, what the term should be, or what premiums to charge. Failure to do so may render the insurance void from inception and enable the company to repudiate liability.

APPLICANT'S STATEMENT – I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

X SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_