

INLAND MARINE APPLICATION



EFFECTIVE DATE _____ New Business
 Separate Policy Attach to Policy No. _____

APPLICANT AND MAIL ADDRESS	AGENCY AND MAIL ADDRESS AGT. NO. _____
Phone No.: _____ Soc. Sec. No.: _____	Phone No.: _____ Fax No.: _____
Fire District No.: _____	E-Mail Address: _____
DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Other _____ New Business - 1 months premium required with application. (NOTE: The 1 month premium is not required if the Inland Marine is being attached to a CPP or CDO policy.)	

UNDERWRITING REPORT (Application Returned If Not Completed)

1. What is the occupation of the applicant? _____
2. Where is property used? _____
3. Where is property kept when not in use? **(911 Address and County)** _____
4. Is the property ever used for commercial or business purposes? _____ Explain _____
5. Is the property loaned or rented to others? _____ Explain _____
6. Does North Star Mutual have any supporting coverage? _____ List policy numbers _____
7. List and explain any losses during the last 3 years _____
8. Has any insurer ever cancelled, declined or refused similar insurance? _____ Explain _____
9. Do you recommend this applicant and this risk? _____

- COMPLETE FOR WATERCRAFT AND RECREATIONAL MOTOR VEHICLES ONLY -

10. Is the watercraft equipment used for water skiing or racing? _____ Explain _____
11. Are the recreational vehicles ever entered in any racing events? _____ Explain _____
12. Was any driver license suspended or revoked in the last 3 years? _____ Explain _____

13.	Name of All Operators	Relationship	Date of Birth	Drivers License Number	% Use

COMMENTS:

LOSS PAYABLE: 1. _____ 2. _____

 Property: _____ Property: _____

NOTICE - READ BEFORE SIGNING - As the applicant for this insurance, I grant permission to the agency listed on the front and to the underwriting department of North Star Mutual to obtain claims information from previous insurer(s) and/or reports from investigative consumer organizations as to my credit (or credit-based insurance score), character, and/or condition of the property represented on this application. I understand that I have the right to make a request in writing as to the nature of any such information that may be developed and that I have the right to request that any such information be corrected by providing documented support for such correction. If my request is denied, I understand that I have the right to appeal to the Commissioner/Director (**Minnesota** Commissioner of Commerce, 85 7th Place East, Suite 500, St. Paul, MN 55101-2198; **Nebraska** Director of Insurance, Terminal Building, 941 "O" Street, Suite 220, Lincoln, NE 68508-2089; **North Dakota** Commissioner of Insurance, 600 East Boulevard Avenue-5th Floor, Bismarck, ND 58505-0320; **South Dakota** Director of Insurance, 124 South Euclid Ave, 2nd Floor, Pierre, SD 57501; **Iowa** Insurance Commissioner, Two Ruan Center, 601 Locust St. 4th Floor, Des Moines, IA 50309-3738; **Wisconsin** Commissioner of Insurance, PO Box 7873, Madison, WI 53707-7873). I understand that in Minnesota only, this is a temporary authorization that will expire as soon as one of the following occurs: (a) The above named company makes the underwriting decision(s) in question, or (b) one year elapses after the date I sign this authorization. However, if a policy is issued, then I authorize the above permission for subsequent amendments and renewals as long as the policy remains in-force.

If this application for insurance is accepted, I grant permission to North Star Mutual to disclose information to the Mortgagee(s) or Loss Payee(s) that may be designated in this application or its(their) successor(s). (Reports prepared by insurance-support organizations may be retained by them and disclosed to others.) **INSURANCE FRAUD IS A CRIME** - I understand that a person who submits an application or claim information with intent to defraud an insurer is guilty of a crime.

Applicant's Signature _____ **Date** _____
 As the Agent for the applicant, I attest that the information in this application and attachments is correct to the best of my knowledge.
Agent's Signature _____ **Date** _____

WATERCRAFT (Boats, Motors, Trailers, Docks, Boat Lifts, Personal Watercraft (Wet Bikes, Jet Skis, etc.), Fish Locators and Paddle Boats)

Property	Year	Manufacturer/Model	HP	Lgth	Max. Speed	Serial Number	Non-Deprec. Yes/No	Ded.	Rate	Amount of Ins. 100% to Value	Prem.
BOAT <input type="checkbox"/> Outboard <input type="checkbox"/> I/O											
BOAT <input type="checkbox"/> Outboard <input type="checkbox"/> I/O											
PERSONAL WATERCRAFT				XX	XX						
MOTOR #1				XX							
MOTOR #2				XX							
TRAILER			XX	XX	XX						
<input type="checkbox"/> BOAT LIFTS <input type="checkbox"/> DOCKS			XX	XX	XX						
FISH LOCATORS			XX	XX	XX						
OTHER _____											
ACCESSORIES - include anchors, cushions, lights, oars, horns, fuel containers, life preservers and other items used for the safety and operation of the boat. (Skiing and Fishing equipment must be scheduled and rated as Sports Equipment.)											

RECREATIONAL VEHICLES COVERAGE - SNOWMOBILES, ATV'S, GOLF CARTS AND TRAILERS

Type of Vehicle	Year Built	Manufacturer and Model	CC's	Serial Number	Max. Speed	Purchase Price	Collision Yes/No*	Non-Deprec. Yes/No	Comp. Ded.*	Rate	Amount of Ins. 100% to Value	Prem.

NOTE: *Minimum collision deductible on snowmobiles is \$500. Collision Coverage is not bound unless a photo of the machine and a statement that a visual inspection has verified no existing damage.
MN ONLY: List any snowmobile above that is equipped with light emitting diode (LED) lights - yellow on front and red on back; must flash at least once per second; visible at least 1/2 mile in front of and in back of snowmobile; installed by manufacturer or dealer _____

SCHEDULED PROPERTY

SCHEDULE OF ARTICLES TO BE INSURED. (Note: Be sure to give complete descriptions, cost, serial numbers, if any, name of manufacturers, year, etc.) Attach Bill of Sale or Appraisal Slip on articles with values of \$1,500 or more. For computers, please indicate which items are equipment (and value) and which items are software (and value).

Description or Make	Serial Number	Date Purchased	Cost	Ded.	Rate	Amount of Ins. 100% to Value	Prem.

FIRE PROTECTION (check one): Protected Partially Protected Unprotected CONSTRUCTION (check one): Frame Joisted Masonry Mobile Home Other _____