



BOAT HULL NO: _____

WATERCRAFT APPLICATION

DATE (MM/DD/YYYY)

AGENCY				CARRIER				NAIC CODE	
CONTACT NAME:				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)					
PHONE (A/C. No. Ext):				DATE AT CURRENT RESIDENCE:				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
FAX (A/C. No.):				SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					
E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:					
CODE:		SUBCODE:		SECONDARY E-MAIL ADDRESS:					
AGENCY CUSTOMER ID:				BIRTH DATE				MARITAL STATUS * / CIVIL UNION (if applicable)	
POLICY NUMBER:				FACILITY CODE				EFFECTIVE DATE	
PLAN		EXPIRATION DATE		* This field may not be utilized for policyholders applying for residential property insurance in CA.					
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)				CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					

COVERAGES / LIMITS OF LIABILITY

COVERAGE	UNIT #	LIMITS				DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM	
HULL		\$	ACV	RC	AA	\$			\$	
OUTBOARD MOTOR		\$				\$			\$	
PORTABLE ACCESSORIES		\$				N / A			\$	
TRAILER		\$				\$			\$	
PERSONAL EFFECTS		\$				\$			\$	
TOWING		\$				\$			\$	
HURRICANE HAUL-OUT		\$				\$			\$	
LIABILITY (Or Protection & Indemnity)	CSL / BI PD	\$	EA PER \$	EA ACC \$		\$			\$	
MEDICAL PAYMENTS		\$				N / A			\$	
UNINSURED BOATERS LIABILITY	CSL / BI PD	\$	EA PER \$	EA ACC \$		\$			\$	
UNDERINSURED BOATERS LIABILITY	CSL / BI PD	\$	EA PER \$	EA ACC \$		\$			\$	
CODE	COVERAGE	UNIT #	LIMIT	APPLIES TO	LIMIT	APPLIES TO	DEDUCTIBLE	FORM NUMBER	FORM DATE	PREMIUM
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
			\$		\$		\$			\$
TOTAL:									\$	

RATING / UNDERWRITING

EQUIPMENT TYPE	Y/N	MANUFACTURER	MODEL	EQUIPMENT TYPE	Y/N	DESCRIPTION	
BILGE PUMPS				FIRE EXTINGUISHERS		TYPE	SIZE
FUME DETECTOR						DATE LAST WEIGHED	# OF EXTINGUISHERS
DEPTH SOUNDER							
RADAR				SHIP TO SHORE RADIO			
RADIO DIRECTION FINDER				ANTI -THEFT DEVICES			
CO ₂ / CHEMICAL SYSTEMS				HEATING			
AUTOMATIC?		SPACES PROTECTED:					
COOKING STOVE		FUEL TYPE:	# OF STOVES:				

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

BOAT HULL

POWER <input type="checkbox"/> INBOARD <input type="checkbox"/> WATERJET <input type="checkbox"/> OUTBOARD <input type="checkbox"/> SAIL <input type="checkbox"/> INBOARD/OUTDRIVE		TYPE OF HULL <input type="checkbox"/> CABIN CRUISER <input type="checkbox"/> BASS <input type="checkbox"/> OPEN COCKPIT <input type="checkbox"/> PERSONAL WC <input type="checkbox"/> SAILBOAT <input type="checkbox"/> SKI <input type="checkbox"/> PONTOON		HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL <input type="checkbox"/> WOOD		HULL DESIGN <input type="checkbox"/> FLAT BOTTOM <input type="checkbox"/> VEE BOTTOM <input type="checkbox"/> ROUND BOTTOM <input type="checkbox"/> CATAMARAN		FUEL TANK <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> METAL		SPAR MATERIAL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> CARBON FIBER <input type="checkbox"/> WOOD		
YEAR	MANUFACTURER	MODEL		LENGTH	MAX SPEED	DATE PURCHASED	COST NEW \$		PRESENT VALUE \$			
NAME OF BOAT				NAME OF BENEFICIAL OWNER				REGISTRATION NUMBER		COUNTRY OF REGISTRATION		
HULL IDENTIFICATION NUMBER		WATERS NAVIGATED <input type="checkbox"/> ATLANTIC <input type="checkbox"/> GREAT LAKES <input type="checkbox"/> INLAND WATERWAYS		<input type="checkbox"/> PACIFIC RIVERS	<input type="checkbox"/> GULF OF MEXICO		TERRITORY	DATE OF LAST SURVEY				
LOC #	PRIMARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD		<input type="checkbox"/> DRY <input type="checkbox"/> AFLOAT		
LOC #	SECONDARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	CITY	STATE	ZIP	COUNTRY	START DATE	END DATE			

ENGINE / MOTOR

MOTOR #	YEAR	MANUFACTURER	MODEL			SERIAL NUMBER					
HORSEPOWER		FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> BATTERY <input type="checkbox"/> DIESEL	DATE PURCHASED			COST NEW \$		PRESENT VALUE \$			
MOTOR #	YEAR	MANUFACTURER	MODEL			SERIAL NUMBER					
HORSEPOWER		FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> BATTERY <input type="checkbox"/> DIESEL	DATE PURCHASED			COST NEW \$		PRESENT VALUE \$			

TRAILER

#	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	# AXLES	CAPACITY lbs.	DATE PURCHASED	COST \$
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HULL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. IS THE BOAT CHARTERED TO OTHERS? Y / N

DESTINATION	LENGTH	FREQUENCY	BARE BOAT CHARTER? (Y/N)	VOYAGE CHARTER? (Y/N)	TIME CHARTER? (Y/N)	ALCOHOL SERVED? (Y/N)
ARRANGEMENTS						
PURPOSE						

2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?

3. IS THE BOAT USED FOR RACING?

FREQUENCY	EXTENT OF RACES	WATERS NAVIGATED
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4. IS THE BOAT USED FOR WATERSKIING?

FREQUENCY

5. DOES THE APPLICANT EMPLOY A PAID CREW?

NUMBER OF FULL-TIME CREW	NUMBER OF PART-TIME CREW
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6. ANY SLEEPING FACILITIES?

NUMBER OF BEDS

7. ANY EXISTING DAMAGE TO THE BOAT?

8. IS THE BOAT USED AS A PRIMARY RESIDENCE?

NUMBER OF RESIDENTS	PERMANENT RESIDENCE? (Y / N)
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9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED? (If "YES", enter owners in the Additional Interest section)

SPECIMEN

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)				
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				
5. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
6. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

OPERATORS [List all residents and dependents (licensed or not) and regular operators]

#	NAME	SEX	MAR STAT *	DATE OF BIRTH	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
SPECIMEN								

* MARITAL STATUS / CIVIL UNION (if applicable)

OPERATOR'S EXPERIENCE

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	USCGA COURSES? (Y/N)	POWER SQUADRON COURSES? (Y/N)	OTHER EDUCATION

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1. ANY OPERATOR HAVE PHYSICAL IMPAIRMENT? (Not applicable in MT and WI)				
#	DESCRIPTION OF SPECIAL EQUIPMENT			
2. ANY OPERATOR UNDERGOING A COURSE OF TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in MT, OR and WI)				
#	EXPLANATION			
3. ANY DRIVERS LICENSE SUSPENDED / REVOKED DURING THE LAST THREE (3) YEARS?				
#	SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE	
	Start Date: End Date:			

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

HAS ANY OPERATOR SHOWN ABOVE HAD A MOTOR VEHICLE OR BOATING ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST					YEARS?	Y / N	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE				

AGENCY CUSTOMER ID: _____

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?

Y / N IF YES, INDICATE BELOW

APPLICANT'S INITIALS: _____

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (AGENT / COMPANY)	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		

PRIOR COVERAGE **NO PRIOR COVERAGE**

LINE OF BUSINESS	PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	BI OR CSL LIMIT(S) IF APPLICABLE PER PERSON	BI OR CSL LIMIT(S) IF APPLICABLE PER ACCIDENT
				\$	\$
				\$	\$

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
PAYOR			PREMIUM FINANCED ?		FINANCE COMPANY
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> Y/N		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER						VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE							
	REFERENCE / LOAN #:						

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER						VEHICLE:	BOAT:
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION	
<input type="checkbox"/> TRUSTEE							
	REFERENCE / LOAN #:						

SPECIMEN

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<input type="checkbox"/> STATE SUPPLEMENT(S) (if applicable)	<input type="checkbox"/> SURVEY	<input type="checkbox"/> INSPECTION	<input type="checkbox"/> MOTOR VEHICLE REPORT
<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> COAST GUARD CERTIFICATE	<input type="checkbox"/> APPRAISAL	

BINDER / SIGNATURE

AGENCY CUSTOMER ID: _____

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM
	NOON
COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. APPLICABLE IN ARIZONA: BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Not applicable in AZ or MN) (Applicant's Initials): _____

IMPORTANT: ARIZONA residents should be given ACORD 38 AZ, Privacy Notification; In MASSACHUSETTS, credit scoring information may be used to determine your eligibility for insurance, and not for rating purposes; MINNESOTA residents should submit ACORD 38 MN to authorize release of personal information; Credit scoring cannot be used in OREGON for renewals unless requested by the insured.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements)

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, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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.

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 THE THIRD DEGREE.

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 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.

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.

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER