



WATERCRAFT SUPPLEMENT

Insured: _____

Policy #: _____

Vessel or Personal Watercraft (Jet Ski or Waverunner):

Year: _____ Manufacturer: _____

Length: _____ Ft. Horsepower: _____ Hp. Miles per Hour: _____

Model: _____ Serial #: _____

Weight of Watercraft (including outboard motors, but excluding trailer): _____ lbs.

Type: Sail O/B I/B I/O Jet Boat Jet Ski/Waverunner

Registered Owner(s): _____

- Operators (Name & Age):
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

What is the experience level of each operator? _____

Will the insured allow unsupervised activities/operations for inexperienced operators (less than 5 years of driving experience)? Yes No If Yes, explain _____

Will the insured allow others (other than the operators listed above) to operate this watercraft? Yes No If Yes, explain _____

Have all operators successfully completed any U.S. Coast Guard or Coast Guard Auxiliary safety courses? Yes No If No, explain _____

What waterways will the watercraft be operated on? _____

How often is the watercraft used? _____ (months) Times/year: _____

Where is the boat kept when not in use? _____

Is the watercraft used for water skiing? Yes No Times/year: _____

Is the watercraft used in any competition? Yes No If Yes, explain _____

Insured's Signature: _____

Note: Please attach a photo of the watercraft