

Watercraft Supplemental Application

| Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Nonprofit ☐ Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

State of incorporation/organization: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____
Stunt coordinator	_____	_____	_____

| General Information

Vessel name: _____

Production for which the vessel will be used: _____

Hull coverage: ☐ Yes ☐ No Operating: _____

P&I coverage: ☐ Yes ☐ No Dockside: _____

Documentation or registry number: _____

General Information *(Continued)*

Vessel will be used from _____ to _____ Total number of days the vessel will be used: _____

Vessel's legal owner: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact name: _____ Phone: _____

Vessel year: _____ Vessel length: _____ Vessel value: _____

Vessel make and type: _____ Vessel beam width: _____

Where is the vessel docked? _____

Is this a "Report to Location" deal for the use of the vessel? ☐ Yes ☐ No

How many people will be on board at any one time? Film crew: _____ Vessel crew: _____

Name of the person who will pilot the vessel: _____

Name of the owner's or supplier's insurance broker: _____

Agency contact: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Will the vessel be operated under its own power during filming? ☐ Yes ☐ No

Please select all the uses of the vessel that apply:

Water-skiing: ☐ Yes ☐ No

Stunts: ☐ Yes ☐ No

Towing other vehicles: ☐ Yes ☐ No

Out of the water: ☐ Yes ☐ No

Please describe in detail how the vessel will be used:

Please describe condition of vessel:

Vessel area	General condition	Details
Hull/outside paint, scrapes, etc.	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
Interior wear & tear, mars & burns	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
Decks scrapes, wear & tear	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
Engine/transmission, trial run	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
Equipment/weathered, damaged	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	

Submission Requirements

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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 FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER