

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.uuw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL

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

Applicable in AR, LA, MD, 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 CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 DC

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 FL

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.

Applicable in KS

A "fraudulent insurance act" means an act committed by 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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in ME

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 or a denial of insurance benefits.

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 NM

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

Applicable in NY

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

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.

Fraud Statements / Signature

Applicable in OK

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 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 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.

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.

Applicable in TN and VA

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.

Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes 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.

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|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO. (Required in FL) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |