

SUPPLEMENTAL APPLICATION FOR LIMITED WATERCRAFT PRODUCTS TESTING ENDORSEMENT

Submitted By: _____

Agency: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone No.: _____



Applicant's Instructions:

1. Answer all questions. If a question does not apply, please write N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.

Please Type or Print

A. Applicant

Proposed Effective Date: _____

1. Full name of all entities of the applicant: _____

2. Principal address: _____

3. Contact: _____ Title: _____
Telephone: _____

B. Description

1. Describe the Watercraft product(s) for which you are seeking Watercraft product testing coverage.

2. Describe the waterway (i.e. ocean, river, lake, ect,.) at which the Watercraft product testing will occur.

3. **Please note all individuals performing watercraft product testing must be twenty-one (21) years of age or older:**
 - a. What experience, qualification and / or certification criteria do you use to select individuals (your executive officers or employees) to perform watercraft product testing?

 - b. If customer is permitted to test drive watercraft is the customer accompanied by an you or your employees? Yes No
 - c. What criteria do you use to evaluate a customer's experience and qualifications to operate a Watercraft? _____

4. Describe the type of Watercraft Products testing that will occur (for example, seaworthiness, testing of your repairs, demonstration, ect.). _____

5. Describe the duration, length in miles and frequency of Watercraft products testing that will occur. _____

6. Describe the safety precautions that are in place during Watercraft products testing.

7. If testing includes operation of watercraft exceeding 50 knots is the location secured from the general public? If yes, please describe. Yes No

8. Do you or your employees sponsor or participate in any racing activities, sanctioned, professional or other? If yes, please describe. Yes No

9. Are you aware of or have any knowledge of any current or past situation, fact or circumstance, or loss involving the testing of your product? If yes, please give full details. Yes No

Additional Explanation to the Questions Designated

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR FIRM NOT SPECIFICALLY ADDRESSED HEREIN

Question No.

_____	_____
_____	_____
_____	_____
_____	_____

Attach additional pages as necessary.

3. Acknowledgements, Authorization and Signature

By signing this Application, you represent and agree to each of the following four (4) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omissions which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in this Application; and
2. Each of the statements and answers given in this Application, are:
 - a. Accurate, true and complete to the best of your knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations you are making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
3. This Application, along with any other Application or Supplemental Applications are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the other Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the other Supplemental Applications are signed or dated.
4. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any other Application or Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

NEW YORK FRAUD WARNING: 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.

Fraud Warning (not applicable in Nebraska, Vermont or Virginia): 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in all states except Connecticut, and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund, therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. This information applies to General Star National Insurance Company in Connecticut only.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title