

From: [BoatUS Quote](#)
To: NCARMAN10@OUTLOOK.COM
Subject: BoatU.S. Application - Application #: 3985989, Quote #: 01
Date: Wednesday, December 2, 2015 3:19:14 PM
Attachments: [Application_cdfid.pdf](#)
[Quotation_cdfid.pdf](#)

BoatU.S. Quotes - Application #: 3985989



Quote for: CARMAN

Thank you for your interest in the BoatU.S. Marine Insurance Program. We are pleased to attach the quote(s) you requested. When reviewing your quote(s), please take note of any special conditions and requirements by clicking [here](#)

If you have questions or would like to purchase coverage over the phone, call (800) 283-2883 Monday - Friday 8am - 9pm and Saturday between the hours of 9am - 5pm, EST. Please refer to the **Application Number** listed in this email subject line.

[Click here](#), if you would like to view your quote and purchase coverage securely online.

Insurance through the BoatU.S. program:

- Year Round Coverage
- Claims Service 24/7 with Immediate Dispatch
- Options for Extended Cruising Areas, Watersports and Fishing Gear
- Diminishing Deductibles and Flexible Premium Payment Plans

Administration of your policy is handled exclusively by boating experts - professional underwriters, claims adjusters, surveyors and salvors dispatched by BoatU.S. - 24 hours a day, seven days a week.

Membership in BoatU.S., the nation's largest association of recreational boaters with over 25 cost-saving member benefits and services, is required with your policy. Let us be your guide to savings, information and better boating all year! Annual dues are \$24.00 in addition to your quoted premium. For more information on member benefits, [Click here](#).

Buy your policy today and join the thousands of boaters across the country who trust BoatU.S. to protect their investment - year after year, boat after boat.

We look forward to Welcoming You Aboard BoatU.S. - the Best Crew for Protecting You!

BoatU.S. Marine Insurance
Boats and only Boats since 1966.
Frequently Asked Questions about Our Quote: [Click here](#)
Contact Us: 1-800-283-2883, M-F 8-9pm, Sat 9-5, ET

Please do not reply to this email.

NOTICE: If you received this transmission in error, please permanently delete the material. Disclosure or use of this message by persons other than the intended recipient is prohibited.

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BoatU.S. Insurance Program
QUOTATION REPLY FORM

Insure my boat/watercraft in accordance with BoatU.S. quotation effective (date) _____

Boat/Watercraft Name _____

Normally _____

Stored At _____

Marina - City and / or Waterway - State - Zip

I am enclosing:

Total Premium

Or

30% Down Payment (For premium up to \$800, you will be billed in 4 equal monthly installments. For premium over \$800, you will be billed in 8 equal monthly installments. An installment fee will be included in each payment.)

INSURANCE TOTAL \$ _____

BoatU.S. Insurance is available to Members only. If you have not yet joined, please review and complete the enclosed application. You may also join by phone with credit card or by electronic funds (EFT).

DO NOT COMPLETE THIS PORTION IF YOU HAVE PREVIOUSLY CHARGED THE AMOUNT BY PHONE.

Please charge this amount \$ _____

VISA

MasterCard

Discover

Amex

Signature _____ Exp. Date _____ Credit Card No. _____

Please detach the above *Reply Form* and return in enclosed envelope. Thank you.

ABOUT LOSS-FREE CREDITS

Our Insurance Program grants a No Loss Credit to Member policyholders whose boating record is claims-free. If you had no claims, you will note in the quotation on the front that credit has been applied. The credit will remain in effect for each subsequent year of coverage in which there are no claims made under your policy. If a claim should be made, the credit would be deleted on the renewal and the premium increased accordingly. If you have had a previous claim, the credit has not been applied. It will, however, be applied next year to reduce subsequent premiums if your experience is free of claims.

ACCEPTANCE PROCEDURES and CONDITIONS

1-800-283-2883

To accept the quotation and obtain insurance under the BoatU.S. Insurance Program please complete the detachable *Reply Form* above and mail it with your check for the insurance premium along with the requirements outlined under the Special Conditions section of this quote. Please note that receipt and deposit of your premium by BoatU.S. does not automatically make your coverage effective. It will become effective only after this office has received and approved the material or information requested under Special Conditions. If there are no Special Conditions, your insurance can be made effective as early as the day following the Post Office cancellation date on your acceptance and premium payment or, if the envelope is metered or otherwise not cancelled, upon receipt by BoatU.S. Specify on approval of any Special Conditions, and, of course, payment of your Membership dues.

Our regular business hours are Monday - Friday 8:00 A.M. to 9:00 P.M. EST, Saturday 9:00 A.M. to 5:00 P.M. EST.

This quotation will be valid for 60 days from its date, unless a hurricane or other storm threatens the area in which your boat is located. Under these conditions insurance will be effective after the heavy weather has passed.

In the Event of a Loss, Call BoatU.S. Claims 7 Days a Week

1-800-937-1937

After taking emergency steps to assist people with injuries and to protect the boat from further damage, the insured Member should place a toll free call to the BoatU.S. Insurance Claims Department. Our Claims specialists will give initial instructions for further action, immediately contact a BoatU.S. approved surveyor or adjuster in the local area if needed, and get the paperwork underway. Our Members have found that coordination of the claim process by BoatU.S. greatly simplifies an otherwise complex and difficult situation, while the use of a local surveyor adds the convenience of having a person on the scene.

BOAT OWNERS ASSOCIATION of THE UNITED STATES
Washington National Headquarters, 880 South Pickett Street, Alexandria, Virginia 22304



MARINE INSURANCE APPLICATION

1-800-283-2883 Fax: 703-461-2840
880 S. Pickett St., Alexandria, VA 22304

APPLICATION #3985989/01
12/02/2015

IMPORTANT NOTICE:

YOU MUST CORRECT WRONG INFORMATION, COMPLETE ANY INFORMATION OMITTED, SIGN AND DATE THE BACK OF THIS FORM AND RETURN IT PROMPTLY. FAILURE TO CORRECT, COMPLETE OR SIGN THIS APPLICATION RENDERS THE POLICY VOIDABLE FROM INCEPTION.

MARINE SURVEY REQUIRED - SEE "SPECIAL CONDITIONS" ON REVERSE

WHO

Member No. Titled/Registered Owner Nathan Carman

Res. Address 3043 Fort Bridgman Rd

City Vernon State VT Zip 05354-9451 Home Tele. (802)258-7186

Work Tele. Ext. Fax Cell SSN

Email ncarman10@outlook.com Year Of Birth *****1994

Occupation DL# State VT

Years Experience As Owner 1 As Operator 6

List all automobile and/or boating violations, accidents or license suspensions in past 3 years. IF NONE, CHECK HERE

2015 Speeding ; 2015 Speeding ;

List all claims or losses to this or other boats or from liability in the past 3 years. IF NONE, CHECK HERE

Boating Education: USPS USCGA Other Active Member: USPS USCGA Coxswain

All Regular Operator's Names Birth Date Relation Experience Driver's Lic No./State Violations

WHAT

Boat Year 1973 Builder Jc Model 31 Length 31 Beam 11

Boat Name HIN# DOC# REG#

Hull Type: Cruiser Runabout Trawler Pontoon Bass Houseboat PWC Sail Aux.Sail Multihull Other

Power Type Inboard Hull Material Fiberglass

Engine Year 1997 # of Engines 1 HP Total 300

PWC-Total CC's Speed 24 Gas Diesel

Boat Purchase Price \$ 55,000 Boat Purchase Date 12/15/2015 Trailer Year Trailer Price \$ Not Incl

Was this boat ever damaged? No Yes If Yes, explain

Is this boat currently for sale? No Yes

Prior Company UNKNOWN Prior Premium \$ Ever cancelled or refused? No Yes

SIGNATURE REQUIRED ON REVERSE SIDE

WHERE

Private Pleasure Use Only? Yes No If No, type of charter or business _____
 Is Boat used for Racing? Yes No If Yes, approximate % of racing _____ Types of races _____
 Cruising Area U.S. Atlantic Coastal Waters excluding Florida Waters
 Location of Boat Point Judith Marina Address 360 Gooseberry Rd
 City Wakefield State RI ZIP 02879-5946 Phone (401)789-7189

HOW

If financed, list lender name and complete mailing address. **REQUIRED BY YOUR BANK.**
 Lender Name _____ Account No. _____
 Address _____
 City _____ State _____ Zip + 4 _____

SPECIAL CONDITIONS, REQUIREMENTS AND COVERAGES**3985989**

For faster service send any required documents by email to insphotos@boat.us, or by fax (excluding photos) to 703-461-2840. Include your name and application number on the subject line.

- * Membership in BoatU.S. is required.
- * An acceptable condition & valuation survey is required before coverage is effective. Coverage may change upon review of the report. Please go to <http://www.boat.us/insurance/survey.asp> for a directory of Marine Surveyors. Written confirmation of the action you plan to take in regard to the surveyor's recommendations (if applicable) will also be required as a condition of coverage.
- * Your quotation reflects the maximum amount of liability coverage available.
- * The hull identification number is required.
- * This is the minimum deductible available.
- * BoatU.S. is delighted to provide a special discount for completing the boating courses indicated on your application. Your quotation reflects this credit.
- * A package of valuable extras for one low price including \$10,000 per incident Medical Limits, \$2,500 in Personal Effects Coverage, a lowered Electronics Deductible (to \$100), and Ice and Freezing coverage is included.

MY SIGNATURE VERIFIES THE INFORMATION TO BE TRUE AND CORRECT. THIS APPLICATION DOES NOT BIND ME TO ACCEPT INSURANCE, NOR DOES IT MEAN BOATU.S. GUARANTEES ME INSURANCE COVERAGE. IF I ACCEPT AN OFFER OF INSURANCE, I AUTHORIZE ANY CREDIT REPORTING AGENCY OR STATE DMV THAT HAS KNOWLEDGE OF ME TO PROVIDE IT TO BOATU.S. TO BE USED FOR INSURANCE PURPOSES ONLY.

SIGNATURE: _____ **DATE:** _____