

**PERSONAL UMBRELLA
JET SKI / PERSONAL WATERCRAFT
SUPPLEMENTAL APPLICATION**



Name Insured _____

Umbrella Effective _____

Jets Ski / PWC Info:

Horsepower &/Or _____

CC's _____

Brand Type _____

Capacity _____

Primary Location Used _____

Used for Towing? _____

Yes _____

No _____

Operators

Name, including Age _____

Have Operators taken a training class?

Yes _____

No _____

NY Operators Have they been licensed?

Yes _____

No _____

Underlying Insurance:

Carrier _____

Limits _____

Effective Date _____

Premium _____

Losses:

Has insured been involved in a watercraft accident in the past 8 years?

No _____

Yes _____ Describe (include \$ _____)

MVR - Please provide MVR data for all operators.