



Submission for Watercraft Applications

Please include this form with your submission.

Agency Name: _____

Agent Contact Email: _____

Instructions to Submit Business:

Please upload completed items via [secure submission portal](#):

1. This Cover Page
2. Acord Application for MA Motor Vehicle Insurance
3. Watercraft Supplement
4. RMV-1/RMV-3 (*if applicable*)
5. Prior Carrier Declaration Page (*if applicable*)
6. Primary Residence Declaration Page (*if applicable*)
7. The submitting agent will be contacted by Chris Kivior with quote and payment instructions via email.

Chris Kivior
RLI & Safeco Program Manager
91 Cedar Street, Milford, MA 01757
direct: (508) 634-7360
ckivior@massagent.com

The submitting agent will be contacted by Chris Kivior with quote and payment instructions via email.

Watercraft Policy Supplement

Named Insured Information	
Insured Name:	
Additional Named Insured: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Named Insured (must be household member):
Reason for Policy:	
All watercraft stored at Mailing Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Residence Insurance Type:	Insurance on Primary Residence* Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Safeco Insurance Policies	
Does the insured have a current Personal Umbrella with Safeco? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Policy Type:	Policy Number:
Policy Type:	Policy Number:
Policy Type:	Policy Number:
Operator Information: (operator 1)	
Name:	
Has any driver's license been suspended or revoked in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Years' Experience Operating a Watercraft:	
Any reportable incidents in last 3 years (auto or watercraft)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(operator 2)	
Name:	
Has any driver's license been suspended or revoked in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Years' Experience Operating a Watercraft:	
Any reportable incidents in last 3 years (auto or watercraft)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Watercraft Information	
Location where watercraft is moored/stored:	
Type of Storage:	
Underwriting:	
The Following Questions apply to any watercraft to be insured on this policy. - Check all that apply.	
<input type="checkbox"/> Rented or leased to others? <input type="checkbox"/> Used for business purposes? <input type="checkbox"/> Previously salvaged? <input type="checkbox"/> Permanent living quarters? <input type="checkbox"/> High Performance?	<input type="checkbox"/> Homemade or kit? <input type="checkbox"/> More than 2 motors? <input type="checkbox"/> Exposed engine, other than outboard motor? <input type="checkbox"/> Corporate owned? (Do not check for LLC owned)

*If Yes.... Submit any prior insurance declaration and current primary residence declaration.

Insured Signature: _____ Date _____