



Submission for Watercraft Applications

Please include this form with your submission.

Agency Name: _____

Agent's Email: _____

Instructions to Submit Business:

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

1. This Cover Page
2. Acord Application for Watercraft
3. Watercraft Supplement
4. Prior Carrier Declaration Page *(if applicable)*
5. Primary Residence Declaration Page *(if applicable)*

The submitting agent will be contacted by Chris Kivior with quote and payment instructions via email. *Do not submit this application via unsecured email. Secure portal address:

<https://www.massagent.com/insmarkets/specialsubmit.cfm#submit>

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

Thank you for your business!

Watercraft Policy Supplement

Named Insured Information	
Insured Name:	
Additional Named Insured: Yes No	Other Named Insured (must be household member):
Reason for Policy:	
All watercraft stored at Mailing Address? Yes No	
Residence Insurance Type:	Insurance on Primary Residence * Yes No
Other Safeco Insurance Policies	
Does the insured have a current Personal Umbrella with Safeco? Yes No	
Policy Type:	Policy Number:
Policy Type:	Policy Number:
Policy Type:	Policy Number:
Operator Information	
Name:	
Has any driver's license been suspended or revoked in the last 3 years? Yes No	
Years Experience Operating a Watercraft:	
Any reportable incidents in last 3 years (auto or watercraft)? Yes No	
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.	
Rented or leased to others? Used for business purposes? Previously salvaged? Permanent living quarters? High Performance?	Homemade or kit? More than 2 motors? Exposed engine, other than outboard motor? Corporate owned? (Do not check for LLC owned)

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

Insured Signature: _____

Date: _____