

Motor Vehicle Driver Record And Navigating Supplemental

(To be completed by the insured, operator and/or crew member as a supplement to the marine application)

INDIVIDUAL'S GENERAL INFORMATION	
Name:	<div style="text-align: right;"><input type="checkbox"/> Owner <input type="checkbox"/> Captain <input type="checkbox"/> Crew Member</div>
Mailing Address:	
City, State & Zip Code:	
Date of Birth:	
Driver's License Number:	

ANSWER THE FOLLOWING QUESTIONS, UTILIZING A TIME FRAME OF THE LAST THREE YEARS	
1. Have you had any AT FAULT ACCIDENTS? <i>*If Yes, provide: (1) the date(s) of accident(s); (2) description of accident(s); (3) the loss amount</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes*
2. Have you been involved in any NOT AT FAULT ACCIDENTS? <i>*If Yes, provide: (1) the date(s) of accident(s); (2) description of accident(s); (3) loss amount(s); (4) who paid out on the claim:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes*
3. Have you had any SPEEDING VIOLATIONS? <i>*If Yes, provide: (1) the date(s) of conviction(s); (2) whether it was for less than 20 miles per hour over the posted speed limit or whether it was for 20 miles plus per hour over the posted speed limit; (3) if the violation was in a residential and/or school zone:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes*
4. Have you had any MINOR CONVICTIONS? <i>(such as: passing illegally, permitting unauthorized persons to drive, driving too fast for conditions, transporting person or vehicle illegally, unnecessary acceleration, backing illegally, careless driving/operation, crossing fire hose, driving against traffic, deviating lane of traffic, driving over walkway, driving on wrong side of highway, failure to dim lights, failure to give signal, failure to obey signal/sign, failure to report accident, failure to stop for school bus, following too closely, failure to keep vehicle/vessel under control, failure to yield right of way, inattentive driving, illegal riding, illegal turn, operating after revocation, operating with expired license, obstructing traffic, obstructing view or control, operating without license, operating while license suspended, not obeying No Wake Zone)</i> <i>*If Yes, provide: (1) the date(s) of conviction(s); (2) full description of the violation(s):</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes*

ANSWER THE FOLLOWING QUESTION, UTILIZING A TIME FRAME OF THE LAST SEVEN YEARS

5. Have you had any MAJOR CONVICTIONS? *(such as: racing, reckless driving/operation, vehicle/vessel used in a felony, attempting to elude officer, failure to stop after accident, blood alcohol content in excess of statutes, implied consent, negligent homicide, open intoxicant, operating under the influence of alcohol or drugs, operating without owner consent)* ☐ No ☐ Yes*

*If Yes, provide: (1) the date(s) of conviction(s); (2) full description of the violation(s):

I hereby declare that the particulars and answers given in this supplemental are in every respect true and correct and that I have not withheld any information which could influence the decision of the Company in regard to its acceptance and/or providing coverage under any policy with Atlantic Casualty Insurance Company.

I am aware that any false statements or information withheld could result in, but not be limited to, the Company withdrawing any acceptance, requiring additional terms and conditions, amending the current policy to exclude existing coverage, and/or canceling all coverage under the existing policy.

Individual's Signature

Printed Name

Title

Date