



Boats/Watercraft "POM" (Protection Options Menu)



For your "Current Coverage Information", refer to your policy at all times! This form is simply a guide to other options you could apply for if desired, and if available for your boat/policy option. "Other options" may include higher or lower limits in your current coverage areas, or additional options altogether. Each option can play an important role in your protection! Use this form to let us know the feedback or quotes you desire.

<u>Potential Coverage Options:</u>	<u>Potential Limits "if desired":</u>	<u>Your Comments/Goals</u>
Personal Liability (combined single limits)	Range from \$10,000 to \$500,000	_____
Watersports Liability	Included if Personal Liability chosen	_____
Wreck removal & Pollutions Liability...	Included if Personal Liability chosen	_____
Uninsured Watercraft	Range from \$10,000 to \$500,000	_____
Medical	Ranges from \$1000 to \$10,000	_____
Deductibles (comprehensive & collision)	Ranges from \$250 to \$5,000	_____
Towing & Assistance	Ranges from \$500 to \$4,000	_____
Commercial or Business uses	Advise if desired	_____
Trailer coverage	Advise if desired	_____
Depreciation waiver	See package chosen (can vary)	_____

Other potential options:

- | | |
|---|--|
| <input type="checkbox"/> Boat Lift/Cradle/Hoist | <input type="checkbox"/> Fishing tourney fee reimburse |
| <input type="checkbox"/> Hurricane Haul Out | <input type="checkbox"/> Settlements (Agreed or Actual Cash Value options) |
| <input type="checkbox"/> Trip Interruption | <input type="checkbox"/> Dinghy Coverage |
| <input type="checkbox"/> Pet Coverage | <input type="checkbox"/> Diminishing Deductible, Loss Forgiveness |

Navigation Waters (you must specify!!)

- Inland CA Only, Inland USA, Coastal 75 miles CA only, Coastal any USA _____
- Bahamas Option and/or Mexico Option

See your quote, policy and/or Choice Marine's "More Choices For You" page for more information. Options can vary depending on watercraft type and policy package type. Our clients vary in where they wish to insure versus self-insure and to what limits of coverage they desire. Use this form to let us know your concerns!

Describe Other Concerns (if any): _____

Note: This form does not bind coverage. Any options requested are "submit for approval".

SIGN, DATE & Return: X _____ **Print Name** _____ **Date** _____

Return to: **Scan to:** Barrie@Here2insure.com **OR Fax to:** 1(760)643-9100
OR mail to: Barrie D. Elliott Insurance Agency, Inc. PO Box 4061, Carlsbad, CA 92018-4061

Barrie D. Elliott Insurance Agency, Inc. Lic# 0L95509 If questions, Call Ph: (833)434-7881