

Quote Request Form

**INSURED INFORMATION**

**PRODUCER INFORMATION**

SS# \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER/AGENCY \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_ to \_\_\_\_\_

**BOAT DESCRIPTION**

Year	Length	Builder/Make	Model	Hull Material	Name of Boat
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**GENERAL INFORMATION**

Storage / Mooring Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ / \_\_\_\_\_  
Lay Up Period: \_\_\_\_\_ To \_\_\_\_\_  Afloat  Dry

**ENGINE INFORMATION:**

Date of Last Survey: \_\_\_\_\_  Dry  Afloat  
Engine(s): Make: \_\_\_\_\_ # Of Engines: \_\_\_\_\_ Year: \_\_\_\_\_  
Total Horsepower: \_\_\_\_\_ Fuel: \_\_\_\_\_ Top Speed (Required): \_\_\_\_\_  
Supercharged:  Yes  No Fume Detector:  Yes  No  
Fixed Fire System:  Yes  No Engine Type:  OB  IN  
 I/O  JET-DRIVE

**COVERAGE REQUESTED**

DEDUCTIBLE(S): \_\_\_\_\_

**HULL INFO:**

INSURING AMNT: \$ \_\_\_\_\_  
[less tender(s) - see below.]  
P&I LIABILITY: \$ \_\_\_\_\_  
MEDICAL: \$ \_\_\_\_\_  
PERSONAL PROP: \$ \_\_\_\_\_  
U/I BOATERS: \$ \_\_\_\_\_  
TOWING: \$ \_\_\_\_\_  
TRAILER: \$ \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

**TENDER INFO:**

DINGHY: \$ \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
LENGTH: \_\_\_\_\_ MOTOR: \_\_\_\_\_ HP: \_\_\_\_\_

**OWNER / OPERATOR RESUME**

**MANDATORY:** All sections below **MUST** be completed to obtain a quote.

Prior Boats Owned: (Length, Make, Year.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Years of Experience: \_\_\_\_\_ Boating Courses:  USPS  USCG  Other

Insured's Occupation: \_\_\_\_\_ Insured's Age: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**D.O.B (Required for Quote):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area(s) of Navigation: \_\_\_\_\_

Anticipated Trips: \_\_\_\_\_

Losses?  Yes  No If **Yes:** Year of Loss: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Brief Description of Loss: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

Live Aboard:  Yes  No Youthful Operators:  Yes  No

Commercial Use:  Yes  No DUI:  Yes  No

Paid Crew: # \_\_\_\_\_  Yes  No

# of Charters: \_\_\_\_\_  6 Pac  12 Pac # of Speeding Tickets: \_\_\_\_\_

**ADDITIONAL OPERATORS**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Prior Boats Owned/Operated: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Prior Boats Owned/Operated: \_\_\_\_\_