



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
GENERAL INFORMATION			OWNER / OPERATOR RESUME		
Storage / Mooring Location: _____ Zip Code: _____			MANDATORY: All sections below MUST be completed to obtain a quote.		
Purchase Price: _____ Date of Purchase: _____ / _____			Prior Boats Owned: (Length, Make, Year.)		
Lay Up Period: _____ To _____ <input type="checkbox"/> Afloat <input type="checkbox"/> Dry			1. _____		
ENGINE INFORMATION:			2. _____		
Date of Last Survey: _____ <input type="checkbox"/> Dry <input type="checkbox"/> Afloat			3. _____		
Engine(s): Make: _____ # Of Engines: _____ Year: _____			Years of Experience: _____ Boating Courses: <input type="checkbox"/> USPS <input type="checkbox"/> USCG <input type="checkbox"/> Other		
Total Horsepower: _____ Fuel: _____ Top Speed (Required): _____			Insured's Occupation: _____ Insured's Age: _____		
Supercharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Fume Detector: <input type="checkbox"/> Yes <input type="checkbox"/> No			Driver's Lic. #: _____ State: _____ Marital Status: _____		
Fixed Fire System: <input type="checkbox"/> Yes <input type="checkbox"/> No Engine Type: <input type="checkbox"/> OB <input type="checkbox"/> IN			D.O.B (Required for Quote): _____ / _____ / _____		
			Area(s) of Navigation: _____		
COVERAGE REQUESTED			Anticipated Trips: _____		
DEDUCTIBLE(S): _____			Losses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Year of Loss: _____ Total Paid: _____		
HULL INFO:			Brief Description of Loss: _____		
INSURING AMNT: \$ _____ <small>[less tender(s) - see below.]</small>			Current Insurance Carrier: _____		
P&I LIABILITY: \$ _____			Live Aboard: <input type="checkbox"/> Yes <input type="checkbox"/> No Youthful Operators: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL: \$ _____			Commercial Use: <input type="checkbox"/> Yes <input type="checkbox"/> No DUI: <input type="checkbox"/> Yes <input type="checkbox"/> No		
PERSONAL PROP: \$ _____			Paid Crew: # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
U/I BOATERS: \$ _____			# of Charters: _____ <input type="checkbox"/> 6 Pac <input type="checkbox"/> 12 Pac # of Speeding Tickets: _____		
TOWING: \$ _____			ADDITIONAL OPERATORS		
TRAILER: \$ _____ YEAR: _____ MAKE: _____			Name: _____ D.O.B. _____		
TENDER INFO:			Prior Boats Owned/Operated: _____		
DINGHY: \$ _____ YEAR: _____ MAKE: _____			Name: _____ D.O.B. _____		
LENGTH: _____ MOTOR: _____ HP: _____			Prior Boats Owned/Operated: _____		

IMPORTANT NOTES: 1.) This quote may not match the specific terms, conditions and exclusions requested in the original submission.
2.) This quote is valid for 30 days from the date quoted, unless extended in writing.