

Marine Quote Request Form

INSURED INFORMATION

PRODUCER INFORMATION

Insured's Name			Producer/Agency		Contact Name
Street Address			Email		
City	State	ZIP Code	Phone #	Fax #	
SSN #	Phone	Email	Requested Effective Date		to

BOAT DESCRIPTION							
Year	Length	Builder/Make	HIN#	Model	Hull Material	Name of Boat	
GENERAL INFORMATION				OWNER / OPERATOR RESUME MANDATORY: All sections below MUST be completed to obtain a quote. Prior boats owned: (Length, Make, Year)			
Storage / Mooring Address				1.			
City	State	ZIP Code		Length	Make	Year # Yrs Owned/Operated	
<input type="checkbox"/> Slip	<input type="checkbox"/> Mooring Ball/Buoy	<input type="checkbox"/> Residence	<input type="checkbox"/> Other	2.			
Location				Length	Make	Year # Yrs Owned/Operated	
Purchase Price				3.			
Date of Purchase				Length	Make	Year # Yrs Owned/Operated	
Lay up Period <i>to</i> <input type="checkbox"/> Dry <input type="checkbox"/> Afloat				Boating Courses: <input type="checkbox"/> USPS <input type="checkbox"/> USCG <input type="checkbox"/> Other			
ENGINE INFORMATION				Years of Experience			
Date of Last Survey <input type="checkbox"/> Dry <input type="checkbox"/> Afloat				Insured's Occupation			
Engine(s) Make # of Engines Year				Resident Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other			
Total Horsepower Fuel Top Speed (Required)				Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other			
Supercharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Fume Detector: <input type="checkbox"/> Yes <input type="checkbox"/> No				D.O.B. (Required for Quote)			
Fixed Fire Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No Engine Type: <input type="checkbox"/> OB <input type="checkbox"/> IN <input type="checkbox"/> I/O <input type="checkbox"/> Jet-Drive				Area(s) of Navigation			
COVERAGE REQUESTED				Losses: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Deductible(s)				If yes: Year of Loss Total Paid			
HULL INFO				Brief Description of Loss			
\$	\$	\$	Current Insurance Carrier				
Insuring Amount [less tender(s) see below]	P&I Liability	Medical	Liveaboard: <input type="checkbox"/> Yes <input type="checkbox"/> No Youthful Operators: <input type="checkbox"/> Yes <input type="checkbox"/> No				
\$	\$	\$	Commercial Use: <input type="checkbox"/> Yes <input type="checkbox"/> No DU: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Personal Prop.	U/I Boaters	Towing	Paid Crew: # <input type="checkbox"/> Yes <input type="checkbox"/> No # of Speeding Tickets:				
\$	Trailer Year	Make	# of Charters: <input type="checkbox"/> 6 Pac <input type="checkbox"/> 12 Pac				
TENDER INFO				ADDITIONAL OPERATORS			
\$	Dinghy Year	Make	Name		D.O.B.		
Length Motor HP				Prior Boats Owned / Operated		Years of Experience	
IMPORTANT NOTES:				Name			
1. This quote may not match the specific terms, conditions and exclusions requested in the original submission.				D.O.B.			
2. This quote is valid for 30 days from the date quoted, unless extended in writing.				Prior Boats Owned / Operated		Years of Experience	