

# 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	<b>Requested Effective Date</b>		<b>to</b>

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