

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		
Storage / Mooring Address				MANDATORY: All sections below MUST 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				1. Length Make Year # Yrs Owned/Operated Top Speed Owned Operated		
Purchase Price Date of Purchase Lay up Period to <input type="checkbox"/> Dry <input type="checkbox"/> Afloat				2. Length Make Year # Yrs Owned/Operated Top Speed Owned Operated		
ENGINE INFORMATION Date of Last Survey <input type="checkbox"/> Dry <input type="checkbox"/> Afloat Engine(s) Make # of Engines Year Total Horsepower Fuel Top Speed (Required) Supercharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Fume Detector: <input type="checkbox"/> Yes <input type="checkbox"/> No 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				3. Length Make Year # Yrs Owned/Operated Top Speed Boating Courses: <input type="checkbox"/> USPS <input type="checkbox"/> USCG <input type="checkbox"/> Other Years of Experience Insured's Occupation Resident Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other		
COVERAGE REQUESTED				D.O.B. (Required for Quote) Driver License Prior waters navigated Losses: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Year of Loss Total Paid		
Areas of Navigation Requested HULL INFO \$ \$ \$ Insuring Amount P&I Liability Medical [less tender(s) see below]				Brief Description of Loss Current Insurance Carrier		
\$ \$ \$ Personal Prop. U/I Boaters Towing Trailer Year Make TENDER INFO \$ Dinghy Year Make Length Motor HP				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 DUI: <input type="checkbox"/> Yes <input type="checkbox"/> No Paid Crew: # <input type="checkbox"/> Yes <input type="checkbox"/> No # of Speeding Tickets: # of Charters: <input type="checkbox"/> 6 Pac <input type="checkbox"/> 12 Pac		
IMPORTANT NOTES:				ADDITIONAL OPERATORS		
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.				Name D.O.B. Prior Boats Owned / Operated Years of Experience Name D.O.B. Prior Boats Owned / Operated Years of Experience		