



Marine 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

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 _____ Afloat Dry

1. _____

ENGINE INFORMATION:

2. _____

Date of Last Survey: _____ Dry Afloat

3. _____

Engine(s): Make: _____ # Of Engines: _____ Year: _____

Years of Experience: _____ Boating Courses: USPS USCG Other

Total Horsepower: _____ Fuel: _____ Top Speed (Required): _____

Insured's Occupation: _____ Insured's Age: ____

Supercharged: Yes No Fume Detector: Yes No

Residence Status: Own _____ Rent _____ Other: _____

Fixed Fire System: Yes No Engine Type: OB IN
 I/O JET-DRIVE

D.O.B (Required for Quote): _____ / _____ / _____

COVERAGE REQUESTED

Area(s) of Navigation: _____

DEDUCTIBLE(S): _____

Anticipated Trips: _____

HULL INFO:

INSURING AMNT: \$ _____
[less tender(s) - see below.]

Losses? Yes No If Yes: Year of Loss: _____ Total Paid: _____

P&I LIABILITY: \$ _____

Brief Description of Loss: _____

MEDICAL: \$ _____

Current Insurance Carrier: _____

PERSONAL PROP: \$ _____

Live Aboard: Yes No Youthful Operators: Yes No

U/I BOATERS: \$ _____

Commercial Use: Yes No DUI: Yes No

TOWING: \$ _____

Paid Crew: # _____ Yes No

TRAILER: \$ _____ YEAR: _____ MAKE: _____

of Charters: _____ 6 Pac 12 Pac # of Speeding Tickets: _____

TENDER INFO:

ADDITIONAL OPERATORS

DINGHY: \$ _____ YEAR: _____ MAKE: _____

Name: _____ D.O.B. _____

LENGTH: _____ MOTOR: _____ HP: _____

Prior Boats Owned/Operated: _____

Name: _____ D.O.B. _____

Prior Boats Owned/Operated: _____