

## QUOTE REQUEST

### INSURED INFORMATION

PHONE# \_\_\_\_\_ DATE \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### PRODUCER INFORMATION

PRODUCER/AGENCY \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

email: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ to \_\_\_\_\_

### BOAT DESCRIPTION

Year	Length	Builder/Make	Model	Hull Material	Name of Boat
------	--------	--------------	-------	---------------	--------------

#### GENERAL INFORMATION

Storage / Mooring Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ / \_\_\_\_\_

Lay Up Dates: \_\_\_\_\_ To \_\_\_\_\_  Dry Indoors  Dry Outdoors  Afloat

Date of Last Survey: \_\_\_\_\_  Dry  Afloat

Hull ID#: \_\_\_\_\_ Engine Serial Number(s): \_\_\_\_\_

Engine(s): Make: \_\_\_\_\_ # Of Engines: \_\_\_\_\_ Year: \_\_\_\_\_

Total Horsepower: \_\_\_\_\_ Fuel: \_\_\_\_\_ Top Speed (Required): \_\_\_\_\_

Supercharged:  Yes  No Fume Detector:  Yes  No

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

#### OWNER / OPERATOR RESUME

**MANDATORY:** All sections below **MUST** be completed to obtain a quote.

Prior Boats Owned: **(Length, Make, Year & Number of Years Owned)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Years of Experience: \_\_\_\_\_ Boating Courses:  USPS  USCG  Other

Insured's Occupation: \_\_\_\_\_ Insured's Age: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**D.O.B (Required for Quote):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area(s) of Navigation: \_\_\_\_\_

Anticipated Trips: \_\_\_\_\_

Losses?  Yes  No If **Yes:** Year of Loss: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Brief Description of Loss: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

#### COVERAGE REQUESTED

DEDUCTIBLE(S): \_\_\_\_\_  
 (1%, 2%, 3%, 4% & 5% deductible options)

**HULL INFO:**

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

P&I LIABILITY: \$ \_\_\_\_\_

MEDICAL: \$ \_\_\_\_\_

PERSONAL PROP: \$ \_\_\_\_\_  
 Same as P&I Liability limit

U/I BOATERS: \$ \_\_\_\_\_

TOWING: \$ \_\_\_\_\_

TRAILER: \$ \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

**TENDER INFO:**

DINGHY: \$ \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

LENGTH: \_\_\_\_\_ MOTOR: \_\_\_\_\_ HP: \_\_\_\_\_

DEDUCTIBLE:\$ \_\_\_\_\_

Live Aboard:  Yes  No Youthful Operators:  Yes  No

Commercial Use:  Yes  No DUI:  Yes  No

Paid Crew: # \_\_\_\_\_  Yes  No

# of Charters: \_\_\_\_\_  6 Pac  12 Pac # of Speeding Tickets: \_\_\_\_\_

#### ADDITIONAL OPERATORS

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Prior Boats Owned/Operated: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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.