

## Boat/Watercraft Insurance Quote

We would like to provide you with a *free*, no-obligation boat/watercraft insurance quote. *Please provide as much information possible for the most accurate quote.* This information will be kept confidential and will be used for quote purposes only.

Personal Information						
Name:	<input type="text"/>					
Address:	<input type="text"/>					
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>	
Day Phone:	<input type="text"/>	Night Phone:	<input type="text"/>			
Best Time To Call:	<input type="text"/>	<input type="radio"/>	AM	<input type="radio"/>	PM	
Email Address:	<input type="text"/>					
Current Boat/Watercraft Insurance Information						
Company Name ( <i>not agency</i> ):	<input type="text"/>					
Policy Expiration Date:	<input type="text"/>	Premium Amount: \$	<input type="text"/>			
Term:	<input type="radio"/>	6 Months	<input type="radio"/>	1 Year	<input type="radio"/>	Other: <input type="text"/>
Coverages						
<i>(input only for those desired)</i>						
Type	Sums Insured	Type	Sums Insured			
Hull- Physical Damage	\$ <input type="text"/>	Tender / Dinghy	\$ <input type="text"/>			
Liability Coverage	\$ <input type="text"/>	Crew Liability	\$ <input type="text"/>			
Owner / Operator M&C	\$ <input type="text"/>	Medical Payments	\$ <input type="text"/>			
Commercial Passenger Liability	\$ <input type="text"/>	Uninsured Boater	\$ <input type="text"/>			
Trailer	\$ <input type="text"/>	Personal Property	\$ <input type="text"/>			
Non-Emergency Towing	\$ <input type="text"/>	Other	\$ <input type="text"/>			
Vessel Information						
Vessel Name:			Manufacturer/Model:			
<input type="text"/>			<input type="text"/>			
Year	Length	Date Purchased	Purchase Price	Present Value	Max Speed	Registration #
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> mph	<input type="text"/>
Hull Identification #:			Waters to be navigated:			

Tenders or Dinghies:	
	Storage Address (Street, City, Co., St.):
Stored on Trailer:	
<input type="radio"/> Y <input type="radio"/> N	
Will be trailered over 100 miles:	<b>LAID UP:</b>
<input type="radio"/> Y <input type="radio"/> N	From: <input type="text"/> to <input type="text"/>
	<input type="checkbox"/> On Shore
	<input type="checkbox"/> Afloat

**Equipment**

*(please select ALL equipment on your Boat/Watercraft)*

Bilge Pumps	<input type="checkbox"/>	CO2/Halon System	<input type="checkbox"/>	Aux Generator, Diesel	<input type="checkbox"/>
EPIRB	<input type="checkbox"/>	Fume Detector	<input type="checkbox"/>	Aux Generator, Gas	<input type="checkbox"/>
Sonar	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<b>Other (list below)</b>	
Depth Sounder	<input type="checkbox"/>	Cooking Stove	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
LORAN/ Direction Finder	<input type="checkbox"/>	Engine Alarm	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
GPS	<input type="checkbox"/>	Anti-theft Devices	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Radar	<input type="checkbox"/>	Life Raft	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
SATNAV/ OMEGA	<input type="checkbox"/>	Ship to Shore Radio	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

**Miscellaneous**

*(please check ALL that apply)*

Primary Power		Type of Hull		Hull Material		Fuel Tank	
Sail	<input type="checkbox"/>	Sailboat	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Metal	<input type="checkbox"/>
Outboard	<input type="checkbox"/>	Performance	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Fiberglass	<input type="checkbox"/>
Inboard	<input type="checkbox"/>	Runabout	<input type="checkbox"/>	Fiberglass	<input type="checkbox"/>		
Inboard/ Outdrive	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Engine/Outboard Motor Information**

*(please complete for each engine)*

Eng	H.P.	Gas	Diesel	Year	Date Purchased	Purchase Price	Present Value
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	Manufacturer/Model					Serial Number	
1	<input type="text"/>					<input type="text"/>	
2	<input type="text"/>					<input type="text"/>	
3	<input type="text"/>					<input type="text"/>	

**Trailer Information**

Year <input type="text"/>	Date Purchased <input type="text"/>	Purchase Price \$ <input type="text"/>	Present Value \$ <input type="text"/>
Manufacturer/Model: <input type="text"/>		Serial #: <input type="text"/>	

**Operators**

*(always list insured as Operator #1)*

#	Name	DOB	Auto DL #	State	Social Security #	USCG/Power Squadron Certificate
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	n/a	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	n/a	<input type="text"/>
#	Auto Violations/Suspensions in last 5 years:					Years of Boat Ownership:
1	<input type="text"/>					<input type="text"/>
2	<input type="text"/>					<input type="text"/>
3	<input type="text"/>					<input type="text"/>

**Boat/Watercraft Usage**

#	Explain all YES responses in REMARKS	Y/N	#	Explain all YES responses in REMARKS	Y/N
1	Is the boat chartered to others with captain?	<input type="radio"/> Y <input type="radio"/> N	6	Is the boat used commercially or for business purposes?	<input type="radio"/> Y <input type="radio"/> N
2	Is the boat chartered to others without captain?	<input type="radio"/> Y <input type="radio"/> N	7	Does the applicant employ a paid crew? If so how many?	<input type="radio"/> Y <input type="radio"/> N
3	Is the boat used for racing?	<input type="radio"/> Y <input type="radio"/> N	8	Was any operator involved in a marine loss in the last 10 years (insured or not)?	<input type="radio"/> Y <input type="radio"/> N
4	Is the boat used for water skiing or diving?	<input type="radio"/> Y <input type="radio"/> N	9	Was any coverage declined, cancelled or non-renewed during the last 5 years?	<input type="radio"/> Y <input type="radio"/> N
5	If the boat is used for fare paying passenger charters, what is the average number of passengers per trip? <input type="text"/> Number of trips per year? <input type="text"/>				

**REMARKS**

**Additional Comments**

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough fields above, such as additional operators, coverages, etc..., please enter them here.

