



INSURED INFORMATION

PRODUCER INFORMATION

Insured's Name			Producer/Agency	Contact Name
Street Address			Email	
City	State	ZIP Code	Phone #	Fax #
Requested Effective Date			to	

BOAT DESCRIPTION					
Year	Length	Builder/Make	Model	Hull Material	Name of Boat
GENERAL INFORMATION			OWNER / OPERATOR RESUME MANDATORY: All sections below MUST be completed to obtain a quote. Prior boats owned: (Length, Make, Year)		
Storage / Mooring Address			1.		
City	State	ZIP Code	Length	Make	Year
Purchase Price			2.		
Date of Purchase			Length	Make	Year
Lay up Period		Dry Afloat	3.		
to			Length	Make	Year
ENGINE INFORMATION			Boating Courses: USPS USCG Other		
Lay up Period		Dry Afloat	Years of Experience		
Date of Last Survey		Dry Afloat	Insured's Occupation		
Engine(s) Make		# of Engines	Resident Status: Own Rent Other :		
Year			Marital Status: Married Single Divorced Widow Other		
Total Horsepower		Fuel	D.O.B. (Required for Quote)		
Top Speed (Required)			Area(s) of Navigation		
Supercharged: Yes No	Fume Detector: Yes No		Losses: Yes No		
Fixed Fire Systems: Yes No	Engine Type: OB IN I/O Jet-Drive		If yes: Year of Loss		
COVERAGE REQUESTED			Total Paid		
Deductible(s)			Brief Description of Loss		
HULL INFO			Current Insurance Carrier		
\$	\$	\$	Liveaboard: Yes No Youthful Operators: Yes No		
Insuring Amount	P&I Liability	Medical	Commercial Use: Yes No DUI: Yes No		
[less tender(s) see below]			Paid Crew: # Yes No # of Speeding Tickets:		
Personal Prop.	U/I Boaters	Towing	# of Charters: 6 Pac 12 Pac		
\$			ADDITIONAL OPERATORS		
Trailer	Year	Make	Name		
TENDER INFO			D.O.B.		
\$			Prior Boats Owned /Operated		
Dinghy	Year	Make	Years of Experience		
Length	Motor	HP	Name		
IMPORTANT NOTES:			D.O.B.		
1. This quote may not match the specific terms, conditions and exclusions requested in the original submission.			Prior Boats Owned /Operated		
2. This quote is valid for 30 days from the date quoted, unless extended in writing.			Years of Experience		