

PERSONAL | WATERCRAFT

GET A QUOTE

Boat insurance provides physical damage coverage to repair your boat if damaged or destroyed by a covered peril such as collision, fire, theft, windstorm, lightning or vandalism. A Boat Insurance policy can provide physical damage coverage on an Actual Cash Value (ACV) or an Agreed Amount Value basis.

I understand that filling out and submitting this form DOES NOT bind coverage in any way, and the only way coverage can be bound will be when I am informed of a binder or policy is issued by the agent representing me.

OWNER'S INFORMATION

Name of Owner _____
 Address _____

 City _____
 State _____ Zip Code _____
 Telephone _____
 Fax _____
 Email _____
 Applicant's Name _____
 Date of Birth / / _____
 Applicant's Occupation _____
 Spouse's Name _____
 Date of Birth / / _____
 Spouse's Occupation _____

I have read and agree to the disclaimer stated on top of the page (It is mandatory to check box before request can be sent)

WATERCRAFT INFORMATION

Use the Owner's Information for quoting

Year _____ Length _____
 Make _____ Model _____
 Beam _____ Hull Const _____
ENGINE
 # of Engines _____
 Engine YR/MFG _____ HP _____
 Type _____
 Fuel _____
 Top Speed _____
 Date of Purchase / / _____
 Purchase Price _____
 Present Value _____
 Tender Dignity Value _____
 Trailer? Yes No Value _____
 VHF? Yes No _____
 Radar? Yes No _____
 Loran? Yes No _____

Depth Sounder? Yes No _____
 Halon? Yes No Other _____
 Vessel Location _____
 Lay Up (location, and months) _____
 Ashore Afloat
 Private Pleasure? Charter?
 Live Aboard?
 Paid Captain or Crew? _____
 Yes No _____
 If Yes, Give Details: _____

 Navigational Area _____
 Losses Past Five Years in Detail, If None, State None (Boat, Auto, Home, etc.): _____

 Present Insurance Company _____
 Exp. Date Premium / / _____
 Has Vessel Been Surveyed? _____
 Yes No _____
 If Yes, Give Date of Survey _____

OPERATOR

Name(s)	Date of Birth	Driver's License #	Occupation	Years Experience	Boating Courses	Prior Owned Vessels

Comments:

COVERAGE REQUIRED

Amount of coverage on:

Vessel & Equipment	\$	Deductible \$
Trailer (if applicable)	\$	Deductible \$
Tender (if applicable)	\$	Deductible \$
Person Effects	\$	Deductible \$
Liability Limit	\$	-0- Deductible Applies \$
Medical Payments	\$	-0- Deductible Applies \$
Uninsured Boaters	\$	-0- Deductible Applies \$