

Boat Insurance Quote Request

CUSTOMER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Sex: M F

Date of Birth: / / Social Security Number: _____ Phone Number: () _____

Home Address _____ Marital Status: Married Single Other: _____

_____ Driving Record (prior 35 months)

_____ Number of/Nature of Tickets (all vehicles): _____

E-mail Address: _____

Primary Residence: Own Home/Condo _____

(Discount for Home ownership; includes ownership of Mobile Home if less than 10 years old.) Own Mobile Home less than 10 years old _____

Rent _____

Live with Parents _____

Other _____ Automobile Driver License Status: _____

Number of/Nature of AF/NAF Auto and Boat/PWC Accidents: _____

BOAT INFORMATION

Type (i.e., pleasure, fishing, sail, etc.): _____ Year: _____ Make: _____ Model: _____

Length: _____ Number of Engines: _____

Total Horsepower (excluding trolling and kicker motors): _____

Propulsion Type: Inboard Outboard Inboard/Outboard Jet _____

Hull Material: _____

Enhanced Performance Modifications (i.e., blowers, superchargers, etc.): _____

Trailer Coverage: Yes No _____

Rating Base* (include value of trailer and portable boating equipment if coverage desired): _____

*Purchase price with taxes and title fees for TLR coverage or current market value for AV, ACV coverage

UNDERWRITING INFORMATION

Dockage/Mooring/Storage Zip Code: _____ Watercraft Use (i.e., pleasure, business, etc.): _____

Multi-Owner (more than one owner, not in the same household): Yes No _____

Other Drive Policies (5% Discount): Automobile Boat Motorcycle RV Snowmobile _____

Names of Regular Operators: _____
(Anyone with regular access to insured vehicle more than 12 times a year)

Names of Household Resident Operators: _____

COVERAGE INFORMATION

Hull Coverage: Total Loss Replacement (new boats only) Agreed Value Actual Cash Value _____

Hull Deductibles: \$250 \$500 \$1,000 \$2,500 \$5,000 _____

Liability Coverage Limits: _____

Uninsured/Underinsured Boater Coverage: _____

Medical Payments Coverage: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 _____

Primary Personal Effects Coverage: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000 _____

Fishing Equipment Coverage (Primary): \$1,000 \$2,500 \$5,000 \$10,000 _____

Emergency Towing (on-water): \$300 \$500 \$1,000 \$2,500 _____

Coastal Navigation: 75 Nautical Miles (included) 125 Nautical Miles (optional) _____

Note To Customer (in credit states only): To provide an accurate quote, we have asked you numerous questions about yourself and your boat. As part of the quoting process we will also be utilizing various consumer reports which may include reports regarding your credit history. All information we acquire may be provided to our insurance carriers. Please initial here if we have your permission to gather and share information as described herein: _____