

Boat Quotation Request

INSURED INFORMATION					
Name:			Effective Date:		
Physical Address:					
Date of Birth:			Social Security #:		
Phone:			E-mail Address:		
BOAT/ MOTOR/TRAILER INFORMATION					
Boat	Year:	Mfr:	Model:	Length:	<input type="checkbox"/> Inland <input type="checkbox"/> Coastal
Motor <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outdrive	Year:	Mfr:	Model:	HSP:	Speed:
Trailer	Year:	Mfr:	Model:		
COVERAGES					
Boat Value			Liability (Uninsured Boater Incl.)		
Motor Value			Medical Payments		
Trailer Value			Towing		
Fishing Equipment Limits			Deductible		
OTHER INFORMATION					
Any Youth Principal Operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & date of birth:			
Three Years Boating Experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, how many?			
Any Prior Boat Losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date, amount and details.			
Accidents/Convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and details.			

Mooring Address:

Notes to agent: