

# Fax/Email completed form to our office for a Quote

Fax Number: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Mr. SSN \_\_\_\_\_ Mrs SSN \_\_\_\_\_

## WATERCRAFT INSURANCE INFORMATION

Current Carrier: \_\_\_\_\_ Cancel/Expire Date: \_\_\_\_\_

LIABILITY LIMIT:  50K/100K  100K/300K  250K/500K  
MEDICAL PAYMENTS:  1K  5K  10K  
UNINSURED/UNDERINSURED:  50K/100K  100K/300K  250K/500K

### DRIVER INFORMATION

			Sex	Married
#1-Name _____	DOB _____	DL# _____	M/F	Y/N
#2-Name _____	DOB _____	DL# _____	M/F	Y/N
#3-Name _____	DOB _____	DL# _____	M/F	Y/N
#4-Name _____	DOB _____	DL# _____	M/F	Y/N

**WATERCRAFT #1:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Hull # \_\_\_\_\_ Length \_\_\_\_\_ Value \_\_\_\_\_ Personal Effects Value \_\_\_\_\_  
#of Motors \_\_\_\_\_ Total HP \_\_\_\_\_ Max Speed \_\_\_\_\_ Inboard/Outboard \_\_\_\_\_  
Engine Year \_\_\_\_\_ Manufacturer & Model Name \_\_\_\_\_  
Trailer Value \_\_\_\_\_ Year \_\_\_\_\_ Make/Model \_\_\_\_\_  
Hull Deductible:  \$500  \$1000  
Usage:  Pleasure  Business

**VEHICLE #2:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Hull # \_\_\_\_\_ Length \_\_\_\_\_ Value \_\_\_\_\_ Personal Effects Value \_\_\_\_\_  
#of Motors \_\_\_\_\_ Total HP \_\_\_\_\_ Max Speed \_\_\_\_\_ Inboard/Outboard \_\_\_\_\_  
Engine Year \_\_\_\_\_ Manufacturer & Model Name \_\_\_\_\_  
Trailer Value \_\_\_\_\_ Year \_\_\_\_\_ Make/Model \_\_\_\_\_  
Hull Deductible:  \$500  \$1000  
Usage:  Pleasure  Business

### LIST ADDITIONAL VEHICLES ON SEPARATE PAGE:

#### **VIOLATIONS/ACCIDENTS (Include all for the past 3 years):**

Driver# \_\_\_\_\_ Date \_\_\_\_\_ Description \_\_\_\_\_  
Driver# \_\_\_\_\_ Date \_\_\_\_\_ Description \_\_\_\_\_

### YEARS OF BOATING EXPERIENCE

Driver #1 \_\_\_\_\_ Driver #2 \_\_\_\_\_  
Driver #3 \_\_\_\_\_ Driver #4 \_\_\_\_\_

Where are boats kept?