

Company Name Boat/Watercraft Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

Personal Information

*Name:
*Address:
*City: *State: *Zip Code:
*Day Phone: *Evening Phone: *Ex: 920-111-2222*
Best Time to Call:
*E-Mail Address:
*Confirm E-Mail Address:
*Residence Status:

Current Boat/Watercraft Insurance Information

Company Name (not agency):
Policy Expiration Date: *Ex: 01/12/2007*
Premium Amount \$:
Term: 6 Month: 1 Year: Other:

Coverages

(input only for those desired)

Type	Sums Insured	Type	Sums Insured
Hull-Physical Damage	\$	Tender/Dinghy	\$
Liability Coverage	\$	Crew Liability	\$
Owner/Operator M&C	\$	Medical Payments	\$
Commercial Passenger Liability	\$	Uninsured Boater	\$
Trailer	\$	Personal Property	\$
Non-Emergency Towing	\$	Other	\$

Vessel Information

Vessel Name:		Manufacturer/Model:	
Year:	Length:	Purchase Price: \$	Present Value: \$
Date Purchased:	<i>Ex. 01/15/2007</i>	Maximum Speed: mph	Registration #:
Hull Identification #:		Waters to be Navigated:	
Tenders or Dinghies:		Storage Address:	
Stored on Trailer?:		City:	County:
		State:	Zip Code:
Will be Trailered Over 100 Miles?:		LAID UP:	
		From:	to

Equipment

(please select ALL equipment on your Boat/Watercraft)

Bilge Pumps	CO2/Halon System	Aux Generator, Diesel
EPIRB	Fume Detector	Aux Generator, Gas
Sonar	Fire Extinguishers	<i>Other (list below)</i>
Depth Sounder	Cooking Stove	
LORAN/Direction Finder	Engine Alarm	
GPS	Anti-Theft Devices	
Radar	Life Raft	
SATNAV/OMEGA	Ship-to-Shore Radio	

Miscellaneous

(please check ALL that apply)

Primary Power	Type of Hull	Hull Material	Fuel Tank
Sail	Sailboat	Wood	Metal
Outboard	Performance	Metal	Fiberglass
Inboard	Runabout	Fiberglass	
Inboard/Outdrive			
Other			

Engine/Outboard Motor Information

(please complete for EACH engine)

Engine	H.P.	Gas	Diesel	Year	Date Purchased <i>Ex. 01/15/2007</i>	Purchase Price	Present Value
1						\$	\$
2						\$	\$
3						\$	\$
	Manufacturer/Model				Serial Number		
1							

2
3

Trailer Information

Year	Date Purchased	Purchase Price	Present Value
		\$	\$
Manufacturer/Model			Serial Number

Operators

#	Name	DOB Ex. <i>01/15/2007</i>	Auto DL#	State	Social Security #	USCG/Power Squadron Certificate
----------	-------------	-------------------------------------	-----------------	--------------	--------------------------	--

1
2
3

1
2
3

#	Auto Violations/Suspension in Last 5 years	Years of Boat Ownership
----------	---	------------------------------------

Boat/Watercraft Usage

#	Explain all YES responses in REMARKS	Yes/No	#	Explain all YES responses in REMARKS	Yes/No
1	Is the boat chartered to others with a captain?	Yes No	6	Is the boat used commercially or for business purposes?	Yes No
2	Is the boat chartered to others without a captain?	Yes No	7	Does the applicant employ a paid crew? If so, how many?	Yes No
3	Is the boat used for racing?	Yes No	8	Was any operator involved in a marine loss in the last 10 years (insured or not)?	Yes No
4	Is the boat used for water skiing or driving?	Yes No	9	Was any coverage declined, cancelled, or non-renewed during the last 5 years?	Yes No
5	If the boat is used for fare-paying passenger charters, what is the average number of passengers per trip? What is the average number of trips per year?				

REMARKS

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a motor vehicle and driving record about me on an ongoing basis during this quotation and policy period and to check my motor vehicle and driving record on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

[View our Privacy Policy](#) 