



Watercraft Quote Request

Fax to 1-888-767-0826

Agency Code	
Agency Name	
Agent Name	
Agency Fax	
Agency Phone	

Operator Info

Last Name	First Name	Date of Birth	Married/Single	Accidents/Violations (Date/type)	Ownership exp. (yrs)

Prior Carrier

Name	Exp. Date	Current? Yes No

Watercraft Info

Type: <input type="checkbox"/> Air boat <input type="checkbox"/> Power boat < 60 mph <input type="checkbox"/> Sport fishing <input type="checkbox"/> Bass boat <input type="checkbox"/> Power boat 61-79 mph <input type="checkbox"/> Jet boat <input type="checkbox"/> House boat <input type="checkbox"/> Power boat 80+ mph <input type="checkbox"/> Trawler <input type="checkbox"/> Hovercraft <input type="checkbox"/> Sail boat <input type="checkbox"/> Manual <input type="checkbox"/> Pontoon <input type="checkbox"/> Ski boat <input type="checkbox"/> Yacht	Year:	Make:	Model:
	Length:	Top Speed:	Weight:
Hull Type: <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Steel <input type="checkbox"/> Composite <input type="checkbox"/> Fiberglass	Purchase Year:	Purchase Price:	Current Value:
Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet drive Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Outboard Jet <input type="checkbox"/> I/O <input type="checkbox"/> Electric <input type="checkbox"/> Manual/None <input type="checkbox"/> Electric <input type="checkbox"/> None	Number of engines:	Total H.P.	Value:
	1 Year Make H.P.		
	2 Year Make H.P.		

Mooring Info

Location: <input type="checkbox"/> Marina <input type="checkbox"/> Street / Yard <input type="checkbox"/> Garage <input type="checkbox"/> Moored in Water					
Address:	City:	State:	Zip:	County:	
Waters Navigated: <input type="checkbox"/> Lakes <input type="checkbox"/> Rivers & Bays <input type="checkbox"/> 5 Great Lakes <input type="checkbox"/> Reservoirs/Straits <input type="checkbox"/> Coastal Waters <input type="checkbox"/> All Others					

Losses

Date	Amount Paid	Explanation

Coverages

Liability: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000* *Umbrella & <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$1,000,000* MVR required <input type="checkbox"/> \$50,000	Uninsured: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000* *Umbrella & <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$1,000,000* MVR required <input type="checkbox"/> \$50,000	
Medical Payments \$_____	Water Sport Liability? Yes No	Diminishing Deductible? Yes No
Hull Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> Agreed <input type="checkbox"/> RCV <input type="checkbox"/> None	Deductible: <input type="checkbox"/> 1% <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 7%	Towing? Yes No
Tender Value	Boat Lift Value	Trailer Value
Tender Deductible	Boat Lift Deductible	Trailer Deductible
Personal Effects	P.E. Loss Evaluation: <input type="checkbox"/> ACV <input type="checkbox"/> RCV	Towing Limit
Extended Agreed Value End.? Yes No	Extended Parts Replacement End.? Yes No	Extended Market Value End.? Yes No

Prior Ownership History

Year	Make	Length	H.P.	Years Owned

Additional Comments, Safety Courses Taken, Protective Devices Present

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