

Boat or Yacht Coverage Quote Questionnaire

General Information				
Name:	Phone #:			
Address:	Mobile #:			
City/State/Zip:	Email:			
County:	Social Security #:			
Occupation:	Date of Birth:			
Employer	Current Insurance Carrier/Expiration Date			
Boat/Yacht Information				
Port/Mooring Location		Requested areas of Navigation: <input type="checkbox"/> East Coast of US <input type="checkbox"/> Gulf Coast of US <input type="checkbox"/> West Coast of US <input type="checkbox"/> Bahamas <input type="checkbox"/> Eastern Caribbean <input type="checkbox"/> Western Caribbean <input type="checkbox"/> Inland Waterways of US <input type="checkbox"/> Other _____		
Year Built	Hull ID#	Manufacturer/Model	Type	Length
Total Horsepower _____ Inboard _____ Outboard _____ Inboard/Outboard _____	Vessel Name	Engine Manufacturer/ # of Engines Engine ID#	Boat Value \$ _____ Motor Value \$ _____ Trailer Value \$ _____	
Tenders?	Value of Tenders \$ _____	Horsepower of Tenders	Any Losses? If yes, explain:	
Total # of full-time crew _____ Total # of part-time crew _____		Captains Name & loss history if applicable Is there a boat survey?		
Additional Watercraft:				
Year _____ Length _____ Manufacture _____ Model _____ Value _____				
Additional Information				
# of years as boat owner		Boating experience-special courses, pilot's license, etc.		

Any special equipment (loran, depth finder, etc.)	Name & address of finance company
Additional Remarks:	
Referred By: _____ Information taken by: _____ Date: _____	