

WATERCRAFT INSURANCE QUOTE



Policy Effective Date: \_\_\_\_\_

Named Insured(s)

	<u>Boat</u>	<u>Motor</u>	<u>Trailer</u>
Year			
Make			
Model			
Serial No.			
Length			
Horsepower or CC			
Type (Inboard, Outboard, In/Out, Sail, Jet Ski, Other)			
Maximum Speed			
Value			

Where is boat moored? \_\_\_\_\_

Is fuel type gas or diesel? \_\_\_\_\_

What is boat used for (fishing, skiing, business, racing) \_\_\_\_\_

<u>Name Of Boat Operators</u>	<u>Date of Birth</u>	<u>Driver License #</u>

Which operators have taken a boat safety course? \_\_\_\_\_

Boat Losses

<u>Operator</u>	<u>Date Of Loss</u>	<u>Loss Description</u>	<u>Amt Paid</u>

<u>Coverages</u>	<u>Amount</u>
Liability Amount	
Medical Payments	
Uninsured/Underinsured Boaters Amount	
Physical Damage Deductible	
Towing	

Prior Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_

Homeowners insurance company if we are not quoting: \_\_\_\_\_

Auto insurance company if we are not quoting \_\_\_\_\_