

BOAT INSURANCE QUOTE INFO



Do you currently have insurance on the boat? If yes, put date of expiration. If no, use today's date.
EFFECTIVE DATE: _____

DRIVERS? 1 or 2

DRIVER 1

First _____ Mi _____ Last _____
Address _____
SS# _____ DOB _____ M/F _____
Phone _____ DL# _____ State _____
Marital Status _____ MH/House _____

DRIVER 2

First _____ Mi _____ Last _____
SS# _____ DOB _____ M/F _____
DL# _____ State _____ Marital Status _____

BOAT SPECIFICS

Make: _____ Model: _____
Length: _____ Hull Material: _____
Horse Power: _____ Maximum Speed: _____
Of Motors: _____ Exposed? Yes No

HAS THIS WATERCRAFT BEEN MODIFIED? Yes No

THIS WATERCRAFT WILL BE USED FOR: _____

IN WHAT STATE IS THIS WATERCRAFT REGISTERED? _____

WILL THIS WATER CRAFT BE USED MOSTLY Inland Coastal

INSURE MY WATERCRAFT FOR Actual Cash Value Agreed Value

AMOUNT OF COVERAGE REQUESTED \$ _____

RECENT ACCIDENTS OR VIOLATIONS: _____

LIENHOLDER INFO

Lienholder: _____

Address: _____ Phone: _____