

BOAT INSURANCE APPLICATION

Date: _____ Requested Effective Date: _____

Applicant's name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Date of Birth: _____ SS# _____ Driver's License # _____

Date Licensed, if less than 4 years _____ Age Originally licensed _____

Do you have points on your license? Yes ___ No ___, if so, how many points? _____

Years of boating experience? _____

How your license been suspended or revoke within the last five (5) years? Yes ___ No ___ if so, when _____

Do you own a house: Yes ___ No _____

Have you completed a defensive driving course within the last 3 years: Yes ___ No ___

Highest Educational Level: ___ High School ___ Some College ___ College Degree ___ Graduate School ___

Are you married? Yes ___ No ___, If so, complete section # 2, otherwise skip to section # 3.

Spouse's Name: _____ DOB: _____ SS# _____

Driver's License: _____ Age Licensed _____

Does your spouse have points on his/her license? Yes ___ No ___, if so, how many points? _____

Has her/his license been suspended or revoke within the last five (5) years? Yes ___ No ___ if so, when _____

Have you completed a defensive driving course within the last 3 years: Yes ___ No ___

Highest Educational Level: ___ High School ___ Some College ___ College Degree ___ Graduate School ___

ADDITIONAL DRIVERS

1. Name: _____ DOB: _____ Relationship to insured: _____
Driver's License: _____ Age Licensed _____

2. Name: _____ DOB: _____ Relationship to insured: _____
Driver's License: _____ Age Licensed _____

3. Name: _____ DOB: _____ Relationship to insured: _____
Driver's License: _____ Age Licensed _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____

Hull ID#: _____ Registration # _____

Haul Material: _____ Number of Motors: _____ Total Horsepower: _____ Propulsion Type: _____

Does the Boat/PWC have an exposed engine? _____

Modified For Enhanced Performance: _____ If so, max. speed: _____ Market value of watercraft: _____

Purchase Year: _____ Are you the original owner: _____

Storage/Mooring Address: _____

Is Boat kept/PWC at your place of residence during boating season?:_____

Is the Boat/PWC own by more than one person? _____If so, list all owner's name:

MOTOR INFORMATION:

Please provide the following information for the motor (s)

Year: _____

Make: _____

Model: _____

Horsepower: _____

Leased__ Financed__ Owned__

What's the name of your current insurance company?_____

What's your current insurance premium? \$_____Every Six Months_____ Annual_____

DESIRED COVERAGE

Liability Coverage: \$250/500___ \$100/300 ___ \$50/300___ Other:_____

Comprehensive:_____ Deductible Amount: \$500_____ Other:_____

Collision:_____ Deductible Amount: \$500_____ Other:_____

List all Violation and Accidents within the past 5 years.

Driver	Violation/Accident	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If possible provide us with a the declaration page of your current boat insurance so we can quote the same coverage and the information for all lien holders, if any.

Applicant's Signature

Date

Sent/Referred by:_____ send quote to:_____

Print name and number

(Fax # or E-mail)