



APPLICANT INFORMATION

Named Insured

Co-Applicant

Date of Birth

Phone

Email

Mailing Address

Garaging/Storage Address

Preferred Contact Method

BOAT / WATERCRAFT INFORMATION

Year

Make

Model

Hull ID Number (HIN)

Length

Horsepower

Purchase Date

Estimated Value

Trailer VIN

Boat Type

Hull Material

Engine Type

USE, STORAGE & NAVIGATION

Primary Use

Storage Type

Navigation Area

Marina / Storage Facility Name

Max Miles Offshore

Lay-Up Period

Trailer Value

OPERATOR INFORMATION

Primary Operator

Date of Birth

Years Boating Experience

Boating Safety Course Date



Boating safety course completed

Any operators under age 25

Any DUI/BWI history

Any racing/speed contests

Any business/commercial use

Boat financed

SAFETY EQUIPMENT

Life Jackets

Fire Extinguisher

VHF Radio

GPS / Navigation

Automatic Bilge Pump

Depth Finder

Flares

Anchor

Engine Kill Switch

Security / Theft Device

CURRENT INSURANCE

Current Carrier

Current Premium

Expiration Date

Years With Carrier

PRIOR LOSSES / CLAIMS

Date	Type of Loss	Amount Paid	Description
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COVERAGE REQUESTED

Liability Limit

Deductible

Valuation



Physical Damage

Uninsured Boater

Towing / Assistance

Personal Effects

Umbrella Quote

Additional Notes

Medical Payments

Trailer Coverage

Fishing Equipment

Fuel Spill Liability

Auto Quote