



QUOTE REQUEST FORM

		EFFECTIVE DATE DESIRED:
AGENT/BROKER NAME:		AGENT/BROKER CODE:
AGENT/BROKER ADDRESS:		TELEPHONE NUMBER:

**OWNER NAME AND ADDRESS**

OWNERSHIP TYPE: <input type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> CORPORATE OWNED		
YACHT OWNER (INSURED or CORPORATE) NAME:	TELEPHONE #1:	
	TELEPHONE #2:	
	EMAIL ADDRESS:	
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

**MOORING ELIGIBILITY DETAILS**

MOORING LOCATION BETWEEN JUNE 1 AND NOVEMBER 1:	<input type="checkbox"/> PRIMARY RESIDENCE	<input type="checkbox"/> MARINA	<input type="checkbox"/> OTHER LOCATION
NAME OF MARINA OR OTHER LOCATION:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	

**YACHT ELIGIBILITY DETAILS**

HULL MATERIAL:	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> CEMENT	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> KEVLAR	<input type="checkbox"/> RUBBER	<input type="checkbox"/> STEEL	<input type="checkbox"/> WOOD
YACHT MANUFACTURER:	YACHT LENGTH:		YACHT MODEL YEAR:				
INTENDED USE:	<input type="checkbox"/> PRIVATE PLEASURE	<input type="checkbox"/> CHARTER	<input type="checkbox"/> FISHING GUIDE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> LIVE ABOARD		
IF CHARTER, # OF TRIPS PER YEAR:	IF FISHING GUIDE, # OF GUIDE TRIPS PER YEAR:						
DO YOU HAVE PAID CAPTAIN OR CREW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL NUMBER OF CREW INCLUDING CAPTAIN:				

**OWNER OPERATOR INFORMATION** (If more than two owners/operators please provide information on separate piece of paper)

OWNER/OPERATOR #1 NAME:		<input type="checkbox"/> OWNER AND OPERATOR <input type="checkbox"/> OPERATOR ONLY	DATE OF BIRTH:
LENGTH OF LARGEST YACHT OWNED (FT):	LENGTH OF LARGEST YACHT OPERATED (FT):	HAVE YOU EVER HAD INSURANCE CANCELLED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER OF YEARS AS OWNER OF LARGEST YACHT:	NUMBER OF YEARS OPERATING LARGEST YACHT:	IF YES EXPLAIN:	

DESCRIPTION OF YACHT LOSSES IN THE LAST 3 YEARS:  NONE (If more than two losses please provide information on separate piece of paper)

#1 LOSS DATE:	#1 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#1 LOSS AMOUNT:
#1 DESCRIPTION:		
#2 LOSS DATE:	#2 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#2 LOSS AMOUNT:
#2 DESCRIPTION:		

DESCRIPTION OF MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS:  NONE (If more than two MTV's please provide information on separate piece of paper)

#1 MOVING TRAFFIC VIOLATION DATE:	#1 MOVING TRAFFIC VIOLATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER
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#2 MOVING TRAFFIC VIOLATION DATE:	#2 MOVING TRAFFIC VIOLATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER
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DESCRIPTION OF DWI / DUI / OUI IN THE LAST 3 YEARS:     NONE (If more than one DWI / DUI / OUI please provide information on separate piece of paper)

DWI / DUI / OUI CONVICTION DATE(S):

OWNER/OPERATOR #2 NAME:	<input type="checkbox"/> OWNER AND OPERATOR <input type="checkbox"/> OPERATOR ONLY	DATE OF BIRTH:
LENGTH OF LARGEST YACHT OWNED (FT):	LENGTH OF LARGEST YACHT OPERATED (FT):	HAVE YOU EVER HAD INSURANCE CANCELLED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF YEARS AS OWNER OF LARGEST YACHT:	NUMBER OF YEARS OPERATING LARGEST YACHT:	IF YES EXPLAIN:

DESCRIPTION OF YACHT LOSSES IN THE LAST 3 YEARS:     NONE (If more than two losses please provide information on separate piece of paper)

#1 LOSS DATE:	#1 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#1 LOSS AMOUNT:
#1 DESCRIPTION:		
#2 LOSS DATE:	#2 CLAIM: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	#2 LOSS AMOUNT:
#2 DESCRIPTION:		

DESCRIPTION OF MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS:     NONE (If more than two MTV's please provide information on separate piece of paper)

#1 MOVING TRAFFIC VIOLATION DATE:	#1 MOVING TRAFFIC VIOLATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER
#2 MOVING TRAFFIC VIOLATION DATE:	#2 MOVING TRAFFIC VIOLATION TYPE: <input type="checkbox"/> SPEEDING <input type="checkbox"/> RECKLESS DRIVING <input type="checkbox"/> ALCOHOL OR DRUG RELATED <input type="checkbox"/> OTHER

DESCRIPTION OF DWI / DUI / OUI IN THE LAST 3 YEARS:     NONE (If more than one DWI / DUI / OUI please provide information on separate piece of paper)

DWI / DUI / OUI CONVICTION DATE(S):

**ADDITIONAL YACHT INFORMATION**

YACHT MODEL:	YACHT TYPE: <input type="checkbox"/> BASS BOAT <input type="checkbox"/> CRUISER <input type="checkbox"/> HOUSE BOAT <input type="checkbox"/> PONTOON <input type="checkbox"/> RUNABOUT <input type="checkbox"/> SAILBOAT <input type="checkbox"/> TRAWLER <input type="checkbox"/> OTHER
YACHT PURCHASE DATE:	YACHT PURCHASE PRICE:

**ENGINE INFORMATION** (If more than three engines, please provide information on separate piece of paper)

ENGINE #1 MANUFACTURER:	ENGINE #1 MODEL YEAR:	ENGINE #1 SERIAL NUMBER:	ENGINE #1 HORSE POWER:
ENGINE #2 MANUFACTURER:	ENGINE #2 MODEL YEAR:	ENGINE #2 SERIAL NUMBER:	ENGINE #2 HORSE POWER
ENGINE #3 MANUFACTURER:	ENGINE #3 MODEL YEAR:	ENGINE #3 SERIAL NUMBER:	ENGINE #3 HORSE POWER
ENGINE DRIVE TYPE: <input type="checkbox"/> INBOARD <input type="checkbox"/> I/O <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET		FUEL TYPE: <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC	MAXIMUM SPEED:

**TRAILER INFORMATION**

IS THERE A TRAILER TO INSURE:     YES     NO

**TENDER INFORMATION**

DO YOU WANT TO SCHEDULE A TENDER EXCEEDING 16FT IN LENGTH AND 35HP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TENDER MANUFACTURER:	TENDER MODEL YEAR:	TENDER LENGTH:	TENDER HULL ID NUMBER:
TENDER ENGINE MANUFACTURER:	TENDER ENGINE MODEL YEAR:		TENDER ENGINE HORSE POWER:

**NAVIGATION AND LAYUP INFORMATION**

NAVIGATION LIMITS:	LAY-UP FROM: LAY-UP TO:
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**COVERAGE SELECTION**

Yacht value including motor(s) and unscheduled tender not exceeding 16ft in length and 35hp?

\$ \_\_\_\_\_

Yacht Deductible  1%  2%  3%  4%  5%

Liability Options:  \$100,000  \$300,000  \$500,000  \$1,000,000

Personal Effects: \$1,000 (included, \$10,000 included if yacht length is greater than 27')

Additional Personal Effects Options:

- |                                   |                                   |                                   |                                   |                                    |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$35,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$ 80,000 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$60,000 | <input type="checkbox"/> \$ 90,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$45,000 | <input type="checkbox"/> \$70,000 | <input type="checkbox"/> \$100,000 |

Medical Payments: \$10,000 (included)

Additional Medical Payments Options:

- \$10,000  \$20,000  \$25,000  \$50,000

Commercial Towing and Assistance: \$500 (included, \$2,000 included if yacht length is greater than 27')

Additional Commercial Towing and Assistance Options:

- |                                  |                                  |                                  |                                  |                                   |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$7,000 | <input type="checkbox"/> \$ 9,000 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$6,000 | <input type="checkbox"/> \$8,000 | <input type="checkbox"/> \$10,000 |

Trailer Value \$ \_\_\_\_\_

Trailer Deductible: \$100

Tender Value exceeding 16ft in length and 35hp \$ \_\_\_\_\_

Tender Deductible Options:

- \$100  \$250  \$500  \$1,000  \$2,500