

Boat Quote Sheet

Received by.

Agent:

Date: _____ Name: _____ Email: _____

Spouse: _____ Physical Address: _____

City _____ ST _____ ZIP _____ Ph (1) _____ (2) _____

Prior? _____ Method of Payment (full, eft, monthly?) _____

Insured #1: Drives Boat?

Name(F) _____ (M) _____ (L) _____ DOB _____

SSN _____ DL _____ Currently Insured _____

Accidents/Claims/Major Violations Last 5 years _____

Minor Violations Last 3 years _____

Insured #2: Drives Boat?

Name(F) _____ (M) _____ (L) _____ DOB _____

SSN _____ DL _____ Currently Insured _____

Accidents/Claims/Major Violations Last 5 years _____

Minor Violations Last 3 years _____

Leinholder:

Waters Navigated:

(ex: Lake, gulf, bays, etc.)

Boat: Value _____

Year _____ Make _____ Model _____

Serial Number _____ New/Used _____

Hull Material _____ Length _____ Primary Use _____

Garaged _____ Agreed Value or ACV _____ Max Speed _____

Motor: Value _____

Inboard / Outboard _____ Horsepower _____ Type _____

Serial Number _____ Add'l _____

Trailer: Value _____

Name _____ Material _____

Serial Number _____ Add'l _____

Personal Equipment: Value _____

Fishing, Skiing, Stereo, etc. _____

Deductibles _____

Towing _____

Uninsured _____

Liability _____

Med _____