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**281-391-3133** [**www.BIG4INS.com**](http://www.BIG4INS.com)[**mark@battistoneinsurancegroup.com**](file:///C%3A%5CUsers%5CBattistone%5CDocuments%5CBattistone%20Insurance%20Group%5Cmark%40battistoneinsurancegroup.com)

**Boat & Jet Ski Insurance Quote Form Texas:**

**Your Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #’s :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insured Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current/Previous Insurance Carrier :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Losses/If any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Co-Owned: \_\_\_\_Y\_\_\_\_\_N - Names of Owners\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cancelled Or Non- Renewed: \_\_\_Y\_\_\_ N - Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Married\_\_\_Single\_\_\_Homeowner\_\_\_Y\_\_\_N**

**Effective Date needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any special coverage needed to be included on policy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Operator Information (owner/owners must be listed) # of Yrs # of Accidents & Citations in Last 3 years Dates & Brief details**

 **Name DOB M/F DL# Boating Experience Accidents Minor Citations Major Citations**

**1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vehicle Description: Hull Type**

**1) Year Make & Model Length (wood, metal, fiberglass…) Max Speed (MPH) Value$ Engine Make & Type ( inboard ,I/O, jet ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Engine Horse Power Fuel Type Trailer Coverage Needed yes or no Year/ make/model of trailer Trailer value$**

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 **Where is boat moored or stored Describe waters boat taken on Describe boat usage (fishing, skiing, …etc.)**

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**2) Hull Type**

 **Year Make & Model Length (wood, metal, fiberglass…) Max Speed (MPH) Value$ Engine Make & Type ( inboard, I/O, jet )**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Engine Horse Power Fuel Type Trailer Coverage Needed yes or no Yr./ make/model of trailer Trailer value$**

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**3) Vehicle Description: Hull Type**

 **Year Make & Model Length (wood, metal, fiberglass…) Max Speed (MPH) Value$ Engine Make & Type ( inboard, I/O, jet )**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4) Vehicle Description: Hull Type**

 **Year Make & Model Length (wood, metal, fiberglass…) Max Speed (MPH) Value$ Engine Make & Type ( inboard, I/O, jet )**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Engine Horse Power Fuel Type Trailer Coverage Needed yes or no Year/ make/model of trailer Trailer value$**

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**COVERAGES:**

**#1 Coverage:**

**Limits of Liability:\_\_\_$15/$30 BI /10PD \_\_\_\_$25/$50 BI /$150 PD\_\_\_\_\_\_$50/$100 BI / 50 PD $100/$300 BI /50 PD**

**Comprehensive & Collision :\_\_\_\_\_\_No Coverage\_\_\_\_\_$250. Deductible\_\_\_\_\_$500. Deductible\_\_\_\_\_$1000. Deductible**

**Do you want Medical Coverage: \_\_\_\_\_Yes \_\_\_\_\_No**

**Do you want uninsured Motorist Coverage: \_\_\_\_\_\_Yes \_\_\_\_\_No**

**#2 Coverage :**

**Limits of Liability:\_\_\_$25/$50 BI /15PD \_\_\_\_$50/$100 BI /$50 PD\_\_\_\_\_\_$100/$300 BI / PD**

**Comprehensive & Collision: \_\_\_\_\_\_No Coverage\_\_\_\_\_$250. Deductible\_\_\_\_\_$500. Deductible\_\_\_\_\_$1000. Deductible**

**Do you want Medical Coverage: \_\_\_\_\_Yes \_\_\_\_\_No**

**Do you want uninsured Motorist Coverage:\_ \_\_\_\_\_Yes \_\_\_\_\_No**

**#3 Coverage :**

**Limits of Liability:\_\_\_$25/$50 BI /15PD \_\_\_\_$50/$100 BI /$50 PD\_\_\_\_\_\_$100/$300 BI / PD**

**Comprehensive & Collision: \_\_\_\_\_\_No Coverage\_\_\_\_\_$250. Deductible\_\_\_\_\_$500. Deductible\_\_\_\_\_$1000. Deductible**

**Do you want Medical Coverage: \_\_\_\_\_Yes \_\_\_\_\_No**

**Do you want uninsured Motorist Coverage: \_\_\_\_\_Yes \_\_\_\_No**

**#4 Coverage :**

**Limits of Liability:\_\_\_$25/$50 BI /15PD \_\_\_\_$50/$100 BI /$50 PD\_\_\_\_\_\_$100/$300 BI / PD**

**Comprehensive & Collision: \_\_\_\_\_\_No Coverage\_\_\_\_\_$250. Deductible\_\_\_\_\_$500. Deductible\_\_\_\_\_$1000. Deductible**

**Do you want Medical Coverage: \_\_\_\_\_Yes \_\_\_\_\_No**

**Do you want uninsured Motorist Coverage: \_\_\_\_\_\_Yes \_\_\_\_\_No**

**Quote Sheet only - THIS IS NOT AN APPLICATION**

**Battistone Insurance Group Fax quote form to 281-385-8735 or email to** [**mark@battistoneinsurancegroup.com**](file:///C%3A%5CUsers%5CBattistone%5CDocuments%5CBattistone%20Insurance%20Group%5Cmark%40battistoneinsurancegroup.com)