



Boat Quote Sheet

Name_____ Phone_____ Email_____

Current Address_____ City_____ ST_____ Zip_____

Current Limits of Liability_____

Driver 1_____ Driver 2_____ Driver 3_____ Driver 4_____

DOB_____ DOB_____ DOB_____ DOB_____

DL # _____ DL # _____ DL # _____ DL # _____

Boat

Year_____ Make_____ Model_____ Serial_____

Hull Material_____ Length/Width_____ On Water Towing_____

Liability_____ UM_____ Comp_____ Collision_____ Value_____

Motor

Year_____ Make_____ Model_____ Serial_____

Horsepower_____ Max Speed_____ Number of motors_____

Inboard/Outboard_____ Value_____

Trailer

Year_____ Make_____ Model_____

Vin_____ AD-D#_____

Is there any thing else we can provide coverage for? Home, ATV, Life?_____

How did you hear about Dickson Insurance?_____

Do you have any family or friends that might need insurance as well?_____