## BOATOWNERS QUOTATION

Name:				
Address: .		***************************************		
Phone Number:		•		
DOB:				
SS#:				
Year				
Make				
Model				
O/ I / IO				
Horsepower				
Type of Boat	Sail Bass	3	Cabin Cruiser	
	Pleasure	Fishing		Pontoon
Hull Material				
Value	Boat		Motor	
	Trailer		Equipment	
# of Operators in Household**				
Driving Record				
Years Exper.				
Coverage	BI/PD		UM/UIM	
	Med Pay			
	Comp Ded		Coll De	d

\*\* NEED TO LIST ALL OPERATORS OF BOAT EVEN IS NOT LICENSED