

PERSONAL LINES – BOAT QUOTE QUESTIONNAIRE



Policy Holder Information:

Applicant			
Co Applicant			
Address			
Phone #		Email	

Boat Operator Information:

Operators Name	Date of Birth	Marital Status	Driver License No.

Boat Information:

Year		Make		Model		
Identification Hull						
Material				Number of Motors		
Horsepower			Propulsion Type			
Is the Engine exposed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Maximum Speed	
Modified for enhanced performance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	VALUE	
Includes trailer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Storage Zip Code	
Watercraft Use						
<input type="checkbox"/>	Residence owner	<input type="checkbox"/>	Rented			
Multi Owner's	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
List Names of Other Owners						

Coverages Requested:

Bodily Injury	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Property Damage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Uninsured Motorist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
UMCDW/UMPD \$3500	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Medical Payments	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Comprehensive deductible	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Amount	
Collision deductible	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Amount	
Towing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Personal Effects	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		



Policy Holder's Signature

Date