

# 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		Yes		No	Maximum Speed
Modified for enhanced performance		Yes		No	VALUE
Includes trailer		Yes		No	Storage Zip Code
Watercraft Use					
	Residence owner		Rented		
Multi Owner's		Yes		No	
List Names of Other Owners					

## Coverages Requested:

Bodily Injury		Yes		No	
Property Damage		Yes		No	
Uninsured Motorist		Yes		No	
UMCDW/UMPD \$3500		Yes		No	
Medical Payments		Yes		No	
Comprehensive deductible		Yes		No	Amount
Collision deductible		Yes		No	Amount
Towing		Yes		No	
Personal Effects		Yes		No	



Policy Holder's Signature

Date