

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mooring Zip Code: \_\_\_\_\_

Years at Current Address: \_\_\_\_\_ Homeowner: Y / N Policy Expiration Date: \_\_\_\_\_

Policy In Effect: Y / N Years with Carrier: \_\_\_\_\_ Current Boat Carrier: \_\_\_\_\_

Liability Limits: \_\_\_\_\_ Medical Payments: NONE / 1000 / 5000 / 10,000

**DRIVERS:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

DL: \_\_\_\_\_ DL: \_\_\_\_\_ DL: \_\_\_\_\_

Accidents or Tickets Last 5 Years: Accidents or Tickets Last 5 Years: Accidents or Tickets Last 5 Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WATERCRAFT:**

Year: \_\_\_\_\_ Length: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_

Make: \_\_\_\_\_ Make: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Model: \_\_\_\_\_ Model: \_\_\_\_\_

Hull ID: \_\_\_\_\_ Hull ID: \_\_\_\_\_ Hull ID: \_\_\_\_\_

Motor Count: \_\_\_\_\_ HP: \_\_\_\_\_ Motor Count: \_\_\_\_\_ HP: \_\_\_\_\_ Motor Count: \_\_\_\_\_ HP: \_\_\_\_\_

Inboard / Outboard / Both Inboard / Outboard / Both Inboard / Outboard / Both

Max Speed: \_\_\_\_\_ Max Speed: \_\_\_\_\_ Max Speed: \_\_\_\_\_

Include Trailer for Rating: Y / N Include Trailer for Rating: Y / N Include Trailer for Rating: Y / N

Boater Safety Course: Y / N Boater Safety Course: Y / N Boater Safety Course: Y / N

Comp & Coll Ded: \$ \_\_\_\_\_ Comp & Coll Ded: \$ \_\_\_\_\_ Comp & Coll Ded: \$ \_\_\_\_\_

Stated Value: \$ \_\_\_\_\_ Stated Value: \$ \_\_\_\_\_ Stated Value: \$ \_\_\_\_\_