

**Watercraft QUOTE SHEET**

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

Name: \_\_\_\_\_  
(Name) (DOB) (SS#) (Single / Married)

Spouse: \_\_\_\_\_  
(Name) (DOB) (SS#)

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Years at current occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Mailing Address) (City, State, ZIP)

Year _____ Make/Model _____	Years Experience: _____ Boating Course: <b>Y / N</b>
Value:\$ _____ Include Trailer: <b>Y / N</b> Trailer ID _____	Waters Navigated: _____
Length _____ Horse Power: _____ Speed: _____	Layup Period & Place: _____
Hull ID #: _____ Hull Material: _____	Previous Boats Owned: _____
Registration ID: _____ Fuel Type: _____	
<b>Engine</b> Single / Double Inboard / Outboard	

**Current Insurance** Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ How long w/previous company: \_\_\_\_\_

Any existing damage to watercraft: \_\_\_\_\_ CLAIMS last 3 years: \_\_\_\_\_

\_\_\_\_\_ (carrier) (amount paid) (repaired yes/no) (reason of loss)

Tickets: \_\_\_\_\_

Loss Payee: \_\_\_\_\_

**COVERAGES:**

Bodily Injury \$ \_\_\_\_\_

Property Damage \$ \_\_\_\_\_

Physical Damage (Comp/Coll) \$ \_\_\_\_\_ / \_\_\_\_\_

Uninsured Motorist \$ \_\_\_\_\_

Medical Payments \$ \_\_\_\_\_

Towing \$ \_\_\_\_\_