

Yacht Insurance Quotation Request

Contact Information

OWNER: _____ EMAIL ADDRESS: _____
ADDRESS: _____ OCCUPATION: _____ DOB: _____
CITY: _____ STATE: _____ ZIP: _____ DRIVER'S LICENSE # _____ DL STATE: _____
WORK#: _____ CELL#: _____ HOME#: _____

Yacht Information

YEAR: _____ LENGTH: _____ MFGR: _____ MODEL: _____
HULL TYPE: _____ MATERIAL: _____ HULL: _____
ENGINE MFGR: _____ YEAR: _____ FUEL: _____ H.P.: _____
SURVEYOR: _____ DATE: _____ AFLOAT OR HAULED

Use

NAVIGATION AREA / RANGE: _____
USE: PLEASURE OCCASSIONAL CHARTER FULLTIME CHARTER LAYUP PERIOD: _____
SUMMER LOCATION: _____ STATE: _____ MARINA: _____
WINTER LOCATION: _____ STATE: _____ MARINA: _____

Insured Limit

HULL LIMIT: _____ LIABILITY COVERAGE: _____ LIEN HOLDER: _____
YES NO

Experience

EXPERIENCE (YRS, SKILLS): _____
PRIOR BOATS (MAKE, SIZE): _____
LOSSES WITHIN 3 YEARS: _____
BOATING EDUCATION: _____

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