



BOAT & PERSONAL WATERCRAFT INSURANCE FORM

First _____ Last name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ Cell: _____ Fax _____

Email address _____

Current Insurance Information

Insurance Co.Name _____

Policy Exp. Date _____ Premium amount: _____

Term: 1Year 6 months How Long with current? _____

Boat Information

Boat Year : _____ Lengt: _____

Max. Speed : _____ Motors #: _____

Manufacturer: _____ Registration # _____

Purchase Price: _____ Present Value : _____

Hull Coonstruction: _____ Total Horsepower : _____

Engine : _____ Trailer year: _____

Trailer Value: _____

Trailer Make/Model: _____

Storage Address: _____

Protection & Indemnity limtis: _____

Years Owning: _____ Year Experience: _____

**With this application send us a copy of your current insurance policy
and bill of sale to better classify your watercraft and/or jet skis,
we will come back to you with our best quote**