Please fax your request to 800-889-1807. Your <u>6-CHARACTER AGENT CODE is REQUIRED</u> to obtain a quote. Only the <u>MINIMUM</u> required information has been requested to provide a competitive quote.

Agent Name:					Agent Code (6-characters):					
Agent Telephone:					Agent Fax:					
Insured's Name:	Street:									
City: Co			y:		State & Zip:					
Navigation Area (include state):					Inland: Coastal				stal:	
Summer Mooring:					Winter Mooring:					
Lay-up Dates (yachts 26ft & above) From:					To:					
BOAT INFORMATION Year: Mfr: Model: Length: HSP: Speed:										
Year: Mfr:	ear: Mfr:				Length:		HSP:		Speed:	
OUTBOARD MOTOR INFORMATION (ONLY)										
Year: Mfr:				Total Horsepower:]	Twin: Y or N		
Safety Equipment (Please Check) GPS: Automatic CO2: Burglar Alarm: Radar:										
Safety Equipment (Please Check)				Autom	natic CO2:	tic CO2: Burglar Alarm:		Radar:		
COVERAGES										
Boat/Yacht Value:					(Uninsured Boater Included)					
Outboard Motor Value:					Payments:					
Trailer Value: (\$100 ded)					rcial Towing:					
Fishing Equip: (\$250 ded)					ll Property:					
					Value Endt-Machinery \$100				YES or	
(25% cr-changes policy to ACV) (NOT AV					AVAILABLE on Boats/Yachts OVER 10yrs old) NO					
Deductible (please circle): 1%, 2%, 3%, 5%, or 10%										
Any Youthful Operators:		Yes Yes			Date of Birth:					
Three Years Boating Experience:			No		If not, how many?					
Safety Course			No		United States Coast Guard or Power Squadron					
Prior Boating Losses			No		rovide date, amount, and details in remarks section					
Accidents / Convictions on MVR			No		Provide date and details in remarks section					
Supporting Business w/Travelers			No		Need policy numbers to allow account credit					
Multi-ownership (other than spouse)			No	Need	d informatior	1/detai	ls:			
Remarks:										