DiBuduo DeFendis INSURANCE

Watercraft Quotation

DATE RECEIVED: _____ **PRODUCER:** _____

Applicant's Name: _____

Co-Applicant's Name: _____

Mailing Address: _____

Contact Number: _____ ☐ Cell ☐ Office ☐ Home

Contact Email Address: _____

Has there been a lapse in coverage for ANY reason in the last 5 years? ☐ Yes ☐ No

If yes, please explain: _____

Existing Client: ☐ Y ☐ N ☐ PL ☐ CL **Look Up Code:** PL _____ CL _____

New Business: ☐ Y ☐ N **Remarketing:** ☐ Y ☐ N **Reason:** _____

DRIVER INFORMATION

DRIVER #	NAME	DATE OF BIRTH	CA DRIVERS LICENSE #	MARITAL STATUS
1				☐ M ☐ S ☐ D
2				☐ M ☐ S ☐ D
3				☐ M ☐ S ☐ D
4				☐ M ☐ S ☐ D

DRIVER #	RELATIONSHIP TO APPLICANT	OCCUPATION	YRS OF BOATING EXP	SAFETY COURSE	COURSE DESCRIPTION
1				☐ Y ☐ N	
2				☐ Y ☐ N	
3				☐ Y ☐ N	
4				☐ Y ☐ N	

VESSEL DESCRIPTION

	Vessel #1	Vessel #2
Year/Make:		
Model:		
Length:		
Serial Number:		
CE Certification #:		
Hull Value:	$	$
Hull Design:		
Hull Material:	☐ Fiberglass ☐ Wood ☐ Metal	☐ Fiberglass ☐ Wood ☐ Metal
Electronic Aids:	☐ GPS ☐ Fume Detector ☐ VHF ☐ Radar ☐ Auto Pilot ☐ Halon ☐ Depth Finder	☐ GPS ☐ Fume Detector ☐ VHF ☐ Radar ☐ Auto Pilot ☐ Halon ☐ Depth Finder
Lienholder Name/Address:		
Loan Number:		
Marina/Add'l Insd:		

COVERAGE LIMITS:

Hull & Motor:	$
**Deductible:	$
Trailer	$
**Deductible	$
Personal Prop	$
Bodily Injury	$
Med Pay	$
U/M	$
Towing	☐ Yes ☐ No

MOTOR DESCRIPTION

	Motor #1	Motor #2
Year/Make:		
Model:		
ID Number:		
Horsepower:		
Maximum Speed:		
Value:	$	$
Propulsion:	☐ Inboard/Outboard ☐ Inboard ☐ Outboard ☐ Sailboat ☐ Jetski	☐ Inboard/Outboard ☐ Inboard ☐ Outboard ☐ Sailboat ☐ Jetski
Fuel Type:	☐ Gas ☐ Diesel	☐ Gas ☐ Diesel

TRAILER DESCRIPTION

	Trailer #1	Trailer #2
Year/Make:		
Model:		
ID Number:		
Value:	$	$

ADDITIONAL QUESTIONS

Mooring Location #1 & Duration:	&	&
Mooring Location #2 & Duration:	&	&
Navigational area/waters:		
Usage:	Personal Use ☐ Yes ☐ No Commercial Use ☐ Yes ☐ No Reside on Vessel ☐ Yes ☐ No Paid Crew ☐ Yes ☐ No	Personal Use ☐ Yes ☐ No Commercial Use ☐ Yes ☐ No Reside on Vessel ☐ Yes ☐ No Paid Crew ☐ Yes ☐ No

Describe prior boat owned &/or operated: _____

Prior or current insurance company: _____

Describe protection for vessel to prevent Theft and Vandalism:

_____

For any losses in past 5 years, please provide Date of Loss, Type of Loss, and Amount of Loss:

_____

COMPLETED BY: _____ **Completed Date** _____

****If not the insured, your relationship to the insured:*** _____

Customer Service Representative (CSR) _____