

# Advantage Marine Insurance

# Watercraft

Please email completed form to: [danfoulkrod@ymail.com](mailto:danfoulkrod@ymail.com) or [greg.allison2@gmail.com](mailto:greg.allison2@gmail.com)

Producer: \_\_\_\_\_

Insured Information	
Name:	
Address:	City, State: Zip:
Phone:	Email (optional):
Number of Registered Owners (excluding spouse):	
Current Insurance Company:	Expiration Date:

Vessel Information			
Make:	Model:	Year:	Length:
Purchase Date:	Hull ID Number:		
Purchase Price Including Engine(s): \$	Current Value Requested: \$		
Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel	Power: <input type="checkbox"/> IB <input type="checkbox"/> OB <input type="checkbox"/> IO <input type="checkbox"/> Jet <input type="checkbox"/> Sail	Max Speed:	
Engine(s) Make/Model:		Total HP:	
Engine Serial Number(s) Engine #1:		Engine #2:	
Mooring Location:	City, State:	Zip:	
Navigational Limits: <input type="checkbox"/> Inland <input type="checkbox"/> Lakes & Rivers <input type="checkbox"/> Great Lakes <input type="checkbox"/> Coastal <input type="checkbox"/> Texas Gulf <input type="checkbox"/> Atlantic <input type="checkbox"/> Pacific <input type="checkbox"/> Chesapeake			
Lay Up Period: month:	to month:		

Operator Information						
Name:	Occupation:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> F <input type="checkbox"/> M	DOB:	DL:	State:
Name:	Occupation:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> F <input type="checkbox"/> M	DOB:	DL:	State:
Name:	Occupation:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> F <input type="checkbox"/> M	DOB:	DL:	State:
Any operator sustained any boat/auto violations including DUI's and/or losses in past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>If yes, please explain:</i>						

Coverage Options	
Vessel will be used for: <input type="checkbox"/> Private/Pleasure Use <input type="checkbox"/> Business Rental Use <input type="checkbox"/> For Profit/Non-Profit Organization Use <input type="checkbox"/> Racing Charter	
<input type="checkbox"/> Minors will Operate <input type="checkbox"/> Fishing Guide <input type="checkbox"/> Commercial Fishing <input type="checkbox"/> Vessel Currently For Sale <input type="checkbox"/> Live Aboard	
Electronic Aids: <input type="checkbox"/> Halon <input type="checkbox"/> VHF <input type="checkbox"/> Depth Sounder <input type="checkbox"/> Radar <input type="checkbox"/> Fume Detector <input type="checkbox"/> Automatic Bilge Pump <input type="checkbox"/> GPS <input type="checkbox"/> Auto Pilot	
Liability Limits: <input type="checkbox"/> \$100K <input type="checkbox"/> \$300K <input type="checkbox"/> \$500K	Hull Value: <input type="checkbox"/> Agreed Value <input type="checkbox"/> Actual Cash Value
Lienholder Bank Name:	Address:

Trailer / Tender Information			
<input type="checkbox"/> No Trailer <input type="checkbox"/> No Tender			
Trailer Manufacturer:	Year:	Value: \$	
Trailer Serial #:			
Tender Manufacturer:	Length:	Engine Make:	Value: \$

Prior Experience, Please List Make, Model, Year, & Length in the space provided:
Prior Boats Owned:
Prior Boats Operated (list largest vessel):
Safety Course Description:

IMPORTANT NOTE: Your submission of this quote request to us, and our acceptance of it, does not constitute a bound policy or an agreement to provide coverage. Additional underwriting will be required and our acceptance of the customer and/or the rate provided is always subject to change until we receive a signed application. Furthermore, many carriers utilize consumer report information in connection with rating. Unless otherwise requested or indicated by you we will utilize such carriers. It is your responsibility to communicate with your customer. By submitting this quote request to us, you represent that you and your customer understand these important notes.