

BVSA All Marine Insurance *Quick Quote* Form

For a FREE quote Call 631.698.3558 x11

Or complete this form and fax it to 631.698.6128

Referred by _____ Phone _____ Fax _____

INSURED'S GENERAL INFORMATION

Name: _____ Phone: _____ D/O/B: _____ Clean MVR? Y / N

Address: _____ City: _____ State: _____ Zip: _____

Yrs. as boater: _____ Yrs. as owner: _____ Courses taken? _____ Certificate: Y / N Occupation: _____

Length & Make of prior boats owned: _____

If none owned, Length & Make of boats operated: _____

List any Boating losses or claims past 5 years: _____ SS # _____

Explain if any insurance ever cancelled or refused: _____ DL # _____

VESSEL/ENGINES and STORAGE/USAGE INFORMATION

Boat Year: _____ Make: _____ Model: _____ LOA: _____ (ft) Hull type: _____ Material: _____

Engine(s) year: _____ Make: _____ H/P ea _____ Type: I/O O/B I/B Fuel: G / D # of engines: _____

Summer location: _____ Winter location: _____ Lay up dates: _____ to _____

Purchase Price _____ Lienholder Name _____ Loan Amount _____

Hull ID# _____ Eng S/N _____ Trailer S/N _____

VESSEL SAFETY and ANTI-THEFT EQUIPMENT (credits may apply)

Compass _____ D/F _____ VHF/Cell _____ GPS _____ Radar _____ EPIRB _____ Anti-theft alarm _____ Auto-fire system _____

O/D or O/B locks _____ Prop locks _____ Trailer locks _____ Smoke alarm _____ Fume Detector _____ Chart Plotter _____

COVERAGE/LIMITS REQUESTED (standard limits may apply)

Hull & Machinery Value: \$ _____ Deductible amount: (min \$250) 1% 2% Other: \$ _____

Liability limit: \$ _____ (\$300k std) Personal property limit: (\$1k std) \$ _____

Medical payments limit: \$ _____ (\$5k std) Towing (standard limits may apply) \$ _____

Uninsured boater limit: \$ _____ (\$15k std) Trailer value: \$ _____ Dinghy value: \$ _____

Fuel Spill Liability: \$ _____ (\$300k std) Other / Comments: _____

BVSA All Marine Insurance

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