

# Protection and Indemnity Quote Request



Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Describe All Business Operations: \_\_\_\_\_

**VESSEL INFORMATION** Attach list of multiple boats separately if needed.

Mooring Location: \_\_\_\_\_

Select one: Motor Boat:  Sail Boat:  Barge:  Other: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_ Hull Number: \_\_\_\_\_

Hull Material: \_\_\_\_\_ Top Speed: \_\_\_\_\_ Waters in which you operate: \_\_\_\_\_

Radar:  GPS:  Depth Sounder:  Halon:  Other: \_\_\_\_\_

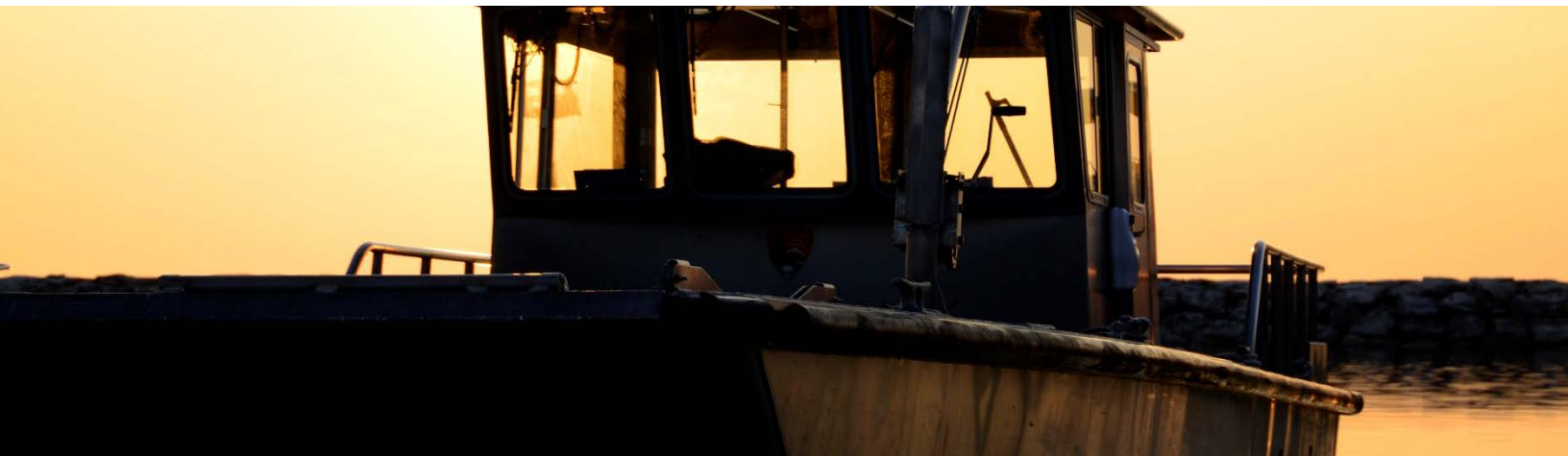
Date of last survey: \_\_\_\_\_ By whom? \_\_\_\_\_

All surveyor's recommendations completed? Yes  No

If no, explain: \_\_\_\_\_

**ENGINE / PROPULSION**

<u>Year</u>	<u>Make</u>	<u>HP</u>	<u>Serial #</u>	<u>Gas(G) Diesel (D)</u>	<u>Outboard</u>	<u>Inboard</u>	<u>Inboard/ Outdrive</u>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**TRAILER INFORMATION** If coverage for trailer is desired.

Year: \_\_\_\_\_ Make: \_\_\_\_\_ ID Number: \_\_\_\_\_

**OPERATOR INFORMATION** Attach separate list if needed.

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Experience: \_\_\_\_\_ Driver's License Number AND State: \_\_\_\_\_ SSN: \_\_\_\_\_

Boating Courses: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Experience: \_\_\_\_\_ Driver's License Number AND State: \_\_\_\_\_ SSN: \_\_\_\_\_

Boating Courses: \_\_\_\_\_

**CREW INFORMATION** If crew (Jones Act) coverage is desired.

Do you use any subcontractors in your operations? Yes  No

If yes, do you obtain proof of insurance coverage from them? Yes  No

Do any of your employees ever work from non-owned watercraft? Yes  No

If yes, how often and when: \_\_\_\_\_

Gross Annual Payroll \$ \_\_\_\_\_

Total number of employees (dry and wet) \_\_\_\_\_

Total number of employees exposed on water per year \_\_\_\_\_

Maximum number of employees exposed on water at any one time \_\_\_\_\_

Average number of employees exposed on water at any one time \_\_\_\_\_

Number of employees for which coverage is requested \_\_\_\_\_

**COVERAGE REQUESTED**

Liability: \$100,000  \$300,000  \$500,000  \$1,000,000  Other: \_\_\_\_\_

Crew: \$100,000  \$300,000  \$500,000  \$1,000,000  Other: \_\_\_\_\_

Medical (for passengers): \$1,000  \$2,000  \$5,000  Other: \_\_\_\_\_

Deductible: \$1,000  \$2,000  \$5,000  Other: \_\_\_\_\_

Hull & Attached Equipment: \$ \_\_\_\_\_ Motor(s): \$ \_\_\_\_\_ Trailer: \$ \_\_\_\_\_

**OTHER COMMENTS:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

