## Boat Insurance Quote Request



## BANKERS INSபRANCE Insuring today to ensure tomorrow.

Date: $\qquad$
Owner Name(s): $\qquad$
Phone: $\qquad$ Email: $\qquad$
Mailing Address: $\qquad$

## VESSEL I NFORMATION

Attach list of multiple boats separately if needed.
Hull number not necessary to quote, but we will obtain better pricing with it.
Mooring Location or Street Address: $\qquad$
Select one: $\square$ Powered Boat $\square$ Sail Boat $\square$ jet Ski/PWC $\square$ other: $\square$

Select one: $\square \mathrm{P}$ Pleasure Use
$\square$ Live Aboard
Year: $\qquad$ Make: $\qquad$ Model: $\qquad$
Length: $\qquad$ Hull Number: $\qquad$
Hull Material: $\qquad$ Top Speed: $\qquad$ Waters in which you operate: $\qquad$
$\square$ Radar
$\square$ GPS $\square$ Depth SounderHalon
$\square$ other: $\qquad$

## ENGINE / PROPULSION

Serial numbers not necessary to quote, but we will obtain better pricing with them.

| Year | Make | HP | Serial \# | $\begin{gathered} \text { Gas(G) } \\ \text { Diesel (D) } \end{gathered}$ | Outboard | Inboard | Inboard/ Outdrive |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | $\square$ | $\square$ | $\square$ |
|  |  |  |  |  | $\square$ | $\square$ | $\square$ |
|  |  |  |  |  |  | $\square$ | $\square$ |
|  |  |  |  |  | $\square$ | $\square$ | $\square$ |



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## TRAI LER I NFORMATION

Complete if coverage for trailer is desired.
Year: $\qquad$ Make: $\qquad$ ID Number: $\qquad$

## OPERATOR I NFORMATI ON

Name: $\qquad$ Date of Birth: $\qquad$ Years Experience: $\qquad$
Driver's License Number AND State: $\qquad$
Boating Courses: $\qquad$

## COVERAGE REQUESTED

| Liability: $\quad \square \$ 100,000$ | $\square \$ 300,000$ | $\square \$ 500,000$ | $\square \$ 1,000,000$ | $\square$ Other: |
| :--- | :--- | :--- | :--- | :--- |
| Medical (for passengers): | $\square \$ 1,000$ | $\square \$ 2,000$ | $\square \$ 5,000$ | $\square$ Other: |
| Deductible: | $\square \$ 1,000$ | $\square \$ 2,000$ | $\square \$ 5,000$ | $\square$ Other: |
| Hull \& Attached Equipment: $\$$ | Motor(s): $\$ \square$ |  |  |  |

COMMENTS:

Applicant's Signature: $\qquad$ Date: $\qquad$

Fax: (800) 899-0146

## Submit

Sales@BankersI nsurance.net

