



**WATERCRAFT QUOTE SHEET**

Name		Phone	Date	
Street Address			State	Zip Code
Accidents / Violations				
Current Insurance Carrier	Current Residence (check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other			# of Years Boating Experience

**DRIVERS**

#1	Name	Date of Birth	Social Security #	Driver's License # / State
#2	Name	Date of Birth	Social Security #	Driver's License # / State

**TYPE OF BOAT**

Year	Make / Model	Serial #		Value
Motor	Year	Serial #		Value
(check one) <input type="checkbox"/> Outboard <input type="checkbox"/> In-Out <input type="checkbox"/> Inboard		HSPR	MPH	Value
Trailer	Year	Serial #		Value

**PERSONAL WATERCRAFT**

Year	Make / Model	#CC's	Serial #	Value
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**ADDITIONAL COVERAGES**

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