



Watercraft Quick Quote Form

Email to CarynnR@monarchexcess.com

Effective Date: _____

Producer:	Code:	Email:	Phone:
-----------	-------	--------	--------

OWNER INFORMATION

Name:	Date of Birth:	Ownership:	Personal Corporate	Married:	Yes No
Mailing Add:	Residential Address:	Homeowner:	Yes	No	
Mooring Address:	Mooring Type:	Phone #:			
Email Address:					

BOAT INFORMATION

Boat Year:	Length:	Make:	Model:							
Hull Type:	Fishing Pontoon	High Perf. Homemade	PWC Airboat	Runabout Other	Sail	Hull Material:	Fiberglass Inflatable	Aluminum Composite	Wood Other	Metal Poly
Number of Engines:	Total HP:	Speed:	Fuel Type:	Gas Diesel	Engine Type:	Inboard Air/Propeller	Outboard Manual	In/Out Jet Drive		
Purchase Date:	Purchase Price:	Date of Last Out of Water Survey:	Held for Sale?	Yes No						
Navigation Area:	Usage:	Pleasure Liveaboard	Commercial	Lay-up Dates: From: _____ To: _____	Ashore	Afloat Type:				
Distance Offshore:	25 Miles (standard) 50-75 miles	25-50 miles 75-100 miles	Safety Equipment:	Depth Finder Loran / GPS	Sea Key High Water Alarm	CO2 Detector EFIRB	VHF Radio Fire Extinguisher	Radar		

OPERATOR INFORMATION

Is the owner the Primary Operator?	Yes No	# of years' experience?	# of years ownership?	
Violations / Accidents in last 3 years?	Convicted of a Felony?		Yes No	
List all Marine Losses:				
Safety Courses:				
Boating Experience: (last 3 years)	# of Years	Length	Boat Description	Owner and / or Operator

Secondary Operator Name:	# of years' experience?	# of years ownership?	Date of Birth:	
Violations / Accidents in last 3 years?	Convicted of a Felony?		Yes No	
List all Marine Losses:				
Safety Courses:				
Boating Experience: (last 3 years)	# of Years	Length	Boat Description	Owner and / or Operator

COVERAGES & LIMITS

Watercraft & Equipment:	\$	Deductible:	1% 2% 3% 4% 5%	Liability Only:	Yes No
Settlement Type:	Agreed Value Coverage Actual Cash Value Coverage Replacement Cost Coverage (if < 3 years)				
Liability Limit:	\$				
Uninsured Boater:	\$	Med Pay:	\$		
Personal Effects:	\$				
Towing:	\$	Trailer:	\$		
Fishing Equipment:	\$				
Boat Lift:	\$				
Dinghy / Tender (Yacht Only):	Paid Crew:	(enter # of crew)			

To receive an indication of premium, please complete this form in its entirety. Please email or fax the form per the information above. Please note, Markel Boat program is insurance scored. The quote and premium provided are subject to change upon receipt of a complete application and other underwriting documentation appropriate to the risk. **Thank you for your inquiry!**