



Markel American Insurance Company
Watercraft Quick Quote Sheet



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EMAIL completed form to david@SpecialRisksLtd.com

Effective Date:

Producer:		Code:		Email:		Phone:	
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OWNER INFORMATION

Name:		Date of Birth:		Ownership:	<input type="checkbox"/> Personal <input type="checkbox"/> Corporate	Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Add:		Residential Address:		Homeowner:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mooring Address:				Mooring Type:			
Email Address:				Phone #:			

BOAT INFORMATION

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

OPERATOR INFORMATION

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

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

COVERAGES & LIMITS

Watercraft & Equipment:	\$	Deductible:	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5%			Liability Only:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Settlement Type:	<input type="checkbox"/> Agreed Value Coverage <input type="checkbox"/> Actual Cash Value Coverage <input type="checkbox"/> 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!**