



# Watercraft Lightning Fast Quote Form

For vessels 26' in length and larger

Fax completed Form to (413) 781-0050 Email: david@specialrisksltd.com

Agency name:	<input type="text"/>	Applicant name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Agency contact:	<input type="text"/>	Insured Phone #	<input type="text"/>
Agency Tel#:	<input type="text"/>	Agency Fax#:	<input type="text"/>

List all operators and relationship to insured:

List all operators Date of Birth:

MVR  Clean Date & Description Acc/Vio:

Primary Residence:  Own a Home, Condo or Townhouse •  Own a Mobile Home  Rent

Marital Status:  Married  Single  Widowed  Domestic Partner

Additional Owner:  Any current policies with American Reliable  Yes  No

Year:  Mfg:  Model:  Length:

Purchase Pending Purchase Date:

Purchase price [vessel & motor(s)] \$

Hull construction:  Fiberglass  Wood  Metal **Will The Vessel Be Used As A Live Aboard?**  Yes  No

# Of Motors:  HP of Each Motor:   Gas  Diesel Maximum Speed:

Motor Type:  Inboard  I/O  Outboard (OB) If OB please provide Year:  Mfg:

**LIMITS OF INSURANCE:**

\$ <input type="text"/>	Watercraft & Equipment – Deductibles: <input type="radio"/> 1% (Min. \$500) <input type="radio"/> 2% (Min. \$500) <input type="radio"/> 5% (Min. \$500)
\$ <input type="text"/>	Watercraft Liability (Max. \$500,000)
\$ <input type="text"/>	Medical Payments (\$15,000 included)
\$ <input type="text"/>	Uninsured Boaters <input type="checkbox"/> Same As Watercraft Liability Or Max. Available With Carrier
\$ <input type="text"/>	Dinghy/Tender and its Outboard Motor
\$ <input type="text"/>	Personal Effects (\$5,000 included)
\$ <input type="text"/>	Emergency Waterway Services (\$2,500 included)
\$ <input type="text"/>	Trailer

**EQUIPMENT: (Please check each applicable item)**

<input type="checkbox"/> Halon/CO2 Auto System	<input type="checkbox"/> Compass	<input type="checkbox"/> Bilge Blowers	<input type="checkbox"/> Fire Extinguisher(s)	<input type="checkbox"/> Loran
<input type="checkbox"/> Ship To Shore Radio	<input type="checkbox"/> Radar	<input type="checkbox"/> RDF	<input type="checkbox"/> Depth Finder	<input type="checkbox"/> EPIRB
<input type="checkbox"/> Electronic Alarm	<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Propeller/Hub Locks	<input type="checkbox"/> Trailer Hitch/Axel Locks	
<input type="checkbox"/> GPS System	<input type="checkbox"/> Fume Detector	<input type="checkbox"/> Chart Plotter	<input type="checkbox"/> Outboard/Outdrive Locks	

Primary Waters of Navigation:  Other Waters:

Mooring Location (Include City & State):

Mooring Type:  Residence  Garage  Marina:  Floating Dock  Hurricane Rated  Standard Dock  Dry Dock

Will Vessel Be Used For Water-skiing?  Yes  No **Lay-Up Dates:**   Ashore  In Water

Will Vessel Be Used For Anything Other Than Private Pleasure?  Yes  No

If yes, describe other usage:

# of years navigation experience on any type of vessel:  *If prior experience, then next line must be **completed***

Type & length of vessel(s) prior experience obtained on:

**Type & length of vessel(s) you have owned(# yrs owned)**

Boating education:  Power Squadron  Coast Guard Auxillary  Yacht Club Is certificate available?  Yes  No  
Paid Captain/Crew?  Yes  No If not a new purchase, is this vessel held for sale by this applicant?  Yes  No

Any watercraft losses last (5) years?  Yes  No If yes, fully describe (include pay-out)

Ever been declined, non-renewed or cancelled?  Yes  No (If so, why?):

**Currently insured w/:**  **Premium paying:**  **Exp. Date:**

If vessel is over 15 years old, do you have a survey dated within 5 last years?  Yes  No

If Yes, Date of Survey: