



HAGERTY MARINE INSURANCE QUOTE REQUEST

Please fill out and fax to Hagerty Insurance Agency Inc. at 231.933.1581 or call 800.762.2628

Today's Date _____ Effective Date _____

OWNER INFORMATION

Applicant Name		Home Phone	Occupation
Address		Work Phone	Email Address
City	State	Zip	Partner
Date of Birth		Years as a Boat Owner	Club Membership? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Club _____
Applicant's Years of Boating Experience		Partner's Years of Boating Experience	Married? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Past Boats Owned & Length		Number of Current Boats Owned & Length	Completed USCG or Power Squadron Course? Yes <input type="checkbox"/> No <input type="checkbox"/>

AGENT INFORMATION

Agency		Agent
Phone	Fax	Email Address

BOAT INFORMATION

Year	Length	Make/Builder	Model	Years Owned	Max Speed
Boat: Cruiser <input type="checkbox"/> Runabout <input type="checkbox"/> Sail <input type="checkbox"/> Other _____			Engine: Single <input type="checkbox"/> Twin <input type="checkbox"/> Other _____		
Hull: Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____			Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Horsepower _____		
Condition: Bristol <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>				Restored? Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
Built-in Fire Extinguishing System? Yes <input type="checkbox"/> No <input type="checkbox"/>		Gas Vapor Detector? Yes <input type="checkbox"/> No <input type="checkbox"/>		Waterskiing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Live-Aboard? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Navigation			Number of months Navigated		
Summer Storage: Mooring <input type="checkbox"/> Private Slip <input type="checkbox"/> Hoist <input type="checkbox"/> Boat House <input type="checkbox"/> Marina Slip <input type="checkbox"/> Other _____			Winter Storage: Wet <input type="checkbox"/> Dry <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/>		
Dates Hauled: From _____ To _____			Survey Available? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Survey _____
Charter or Commercial Use? Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe any Boating Losses (Include Dates)			
Driving Record Within Last 5 Years				Driver's License Number	

COVERAGES

Boat Value	Liability Requirements	Uninsured Boater	Other Coverages
Trailer Year/Make/Value	Previous Premium	Previous Insurance Company	Deductible

ADDITIONAL REMARKS