

IMS/Connect
BOAT / WATERCRAFT INSURANCE QUOTE

NAME: _____

PHONE #: _____ HOMEOWNER?: _____ MARRIED?: _____

ADDRESS: _____

GARAGING ADDRESS OR MARINA ADDRESS: _____

CURRENT AUTO INSURANCE COMPANY?: _____

<u>INSURED/OPERATORS</u>	<u>SS#</u>	<u>DOB</u>	<u>DL#</u>
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

ACCIDENTS /VIOLATIONS / ARRESTS? _____

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>LENGTH</u>	<u># MOTORS</u>	<u>PROPULTION IN/OUT</u>
_____	_____	_____	_____	_____	_____

HULL MATERIAL _____ TOTAL VALUE (including trailer) _____

REGISTRATION NUMBER _____ SERIAL NUMBER (Hull ID) _____

MAXIMUM SPEED: _____ TOTAL HORSEPOWER: _____

TRAILER INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

ADDITIONAL EQUIPMENT COVERAGE (FISHING GEAR, GPS, ETC.)

<u>DESCRIPTION OF ITEM</u>	<u>AMOUNT OF COVERAGE</u>
_____	_____
_____	_____
_____	_____

PRIOR INSURANCE CARRIER: _____ EXPERATION DATE: _____

LOSS PAYEE INFORMATION? _____

LIMITS REQUESTED: BI: _____ PD: _____ UM: _____

COMP & COLL. DEDUCTIBLE: _____ MED PAY: _____ WORK LOSS: _____

TOWING: _____ RENTAL: _____ PIP DED: _____

Return to IMS/Connect via fax: 888-361-2634