



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: