

Yacht Insurance Quotation Request

Contact Information

OWNER: _____ EMAIL ADDRESS: _____

ADDRESS: _____ OCCUPATION: _____ DOB: _____

CITY: _____ STATE: _____ ZIP: _____ DRIVER'S LICENSE # _____ DL STATE: _____

WORK#: _____ CELL#: _____ HOME#: _____

Yacht Information

YEAR: _____ LENGTH: _____ MFGR: _____ MODEL: _____

HULL TYPE: _____ MATERIAL: _____ HULL: _____

ENGINE MFGR: _____ YEAR: _____ FUEL: _____ H.P.: _____

SURVEYOR: _____ DATE: _____ AFLOAT OR HAULED _____

Use

NAVIGATION AREA / RANGE: _____

USE: PLEASURE OCCASSIONAL CHARTER FULLTIME CHARTER LAYUP PERIOD: _____

SUMMER LOCATION: _____ STATE: _____ MARINA: _____

WINTER LOCATION: _____ STATE: _____ MARINA: _____

Insured Limit

HULL LIMIT: _____ LIABILITY COVERAGE: _____ LIEN HOLDER: _____
YES NO

Experience

EXPERIENCE (YRS, SKILLS): _____

PRIOR BOATS (MAKE, SIZE): _____

LOSSES WITHIN 3 YEARS: _____

BOATING EDUCATION: _____

PHONE: 410-268-1545

FAX: 410-268-3755

Email Completed Form: Dave@SterlingAcceptance.com