

QUICK QUOTE FORM (Q² Form)

Date: _____

Vessel Name: _____ Contact Name: _____

Named Insured: _____

Is The Named Insured an: Individual Partnership DBA Corporation

Phone: (H)# _____ (B)# _____ (Fax)# _____ (Cell)# _____

Address: _____

Street Address (if Different): _____

How Did You Hear About Us?: _____

Present Insurer: _____ Expiration Date: _____

Vessel Use: _____ If Comm. Fishing, Type? _____

Homeport: _____ Is vessel docked or moored? _____ Lay-Up Period (if any): _____ thru _____

Vessel Info: a) Year Built: _____ b) Length: _____ c) Make: _____
d) Model: _____ e) Gross Tons: _____ f) Hull Material: _____
g) Official #: _____ h) Trailer Description: _____

Engine(s) info: Diesel Gasoline / Inboard Outboard I/O / # of Engines: _____

#1) Year: _____ Make: _____ Model: _____ H/P: _____

#2) Year: _____ Make: _____ Model: _____ H/P: _____

#3) Year: _____ Make: _____ Model: _____ H/P: _____

(6 Packs Only): Is Vessel Equipped With the Following:

- a) High Water Level Alarms? Y N b) Engine Alarms? Y N c) Anti Theft/Alarm? Y N d) EPIRB? Y N
e) Fixed Fire Extinguishing System? Y N e) Fume Detectors? Y N

Waters Navigated: _____

Lien Holder: _____ Amount: \$ _____

Address/Phone: _____

Date of Vessels Last Survey: _____ By Whom? : _____

Coverages:

a) Hull/Machinery: _____ Trailer Value: _____ Deductibles: _____

b) P&I: _____ c) # of Passengers: _____ d) Avg. # of Passengers: _____

e) Crew Coverage (excluding owners): Hard: _____ F/T _____ P/T Soft: _____ F/T _____ P/T

Captain(s) Information: Is Vessel Owner Operated? Yes No Is a Licensed Capt. Always in Control? Yes No

#1) Name: _____ DOB: _____ Yrs. Exp.: _____ License: _____

#2) Name: _____ DOB: _____ Yrs. Exp.: _____ License: _____

#3) Name: _____ DOB: _____ Yrs. Exp.: _____ License: _____

Does Insured Own Other Vessels? _____

5 Year Loss History (on any owned vessels): If yes, Please list Date, Type, Status and amount Paid.