



Division of Specialty Program Group, LLC

Easy FAST FAX

ALL INFORMATION MUST BE PROVIDED FOR AN ACCURATE QUOTE

Dealer Name _____

Customer Request Quote Only Buy Insurance

CUSTOMER INFORMATION

Customer Name _____

Cell # _____ Home Phone # _____

Email _____ Date of Birth _____

Loan/Closing Date _____ Total Years of Boating Experience _____

Is the boat going to be titled in the name of an LLC or Corporation? Yes No

BOAT INFORMATION (or include purchase order) New Pre Owned

Make _____ Current Vessel Value _____
(include tax, license, fees)

Model _____ Current Trailer Value _____

Year _____ Number of Engines _____

Length _____ Fuel Type Gas Diesel Other

Storage City and Zip _____ Total Horsepower _____

Hull ID # _____

Trailer Serial #/VIN _____

Engine 1 Serial # _____

Engine 2 Serial # (if needed) _____

Lender Name _____

IMPORTANT: THIS IS A REFERRAL ONLY. THIS IS NOT AN APPLICATION FOR INSURANCE. ONLY PROPERLY LICENSED INSURANCE AGENTS CAN SELL AND DISCUSS INSURANCE COVERAGE WITH YOU.



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