



800.252.9597 Option #3 • Fax 209.466.6911
Email: wholesale@norman-spencer.com

Agency _____
Producer _____

Owner:	Co-Owner(s):		
Address:	City:	State:	Zip:
Daytime Phone: () _____	Cell/Other Phone: () _____		

Number of Registered Owners (excluding spouse): _____
(Owner) _____ (Co-Owner) _____

Date of Birth/Marital Status _____

Driver's License # _____

Driving Violations/Accidents _____

Social Security # _____

Occupation _____

Total Yrs. Boating Ownership/Operation _____

Describe Boats Owned/Operated _____

Prior Boating Losses/Claims _____

Prior or Current Carrier _____

Safety Course & Safety Course Description _____

List all other operators _____

REQUESTED LIMITS

Coverage availability will vary based upon carrier and program

Agreed ACV Total Loss

Hull & Mach. Value _____

Deductible 1% 2% 3% 4% 5%

Trailer Value _____

Liability Limits \$100k \$300k
 \$500k \$1mm
 Other _____

Med Payments _____

Uninsured Boaters _____

Towing _____

Personal Effects _____

Tender / Dinghy _____

Hull Year:	Length:	Manufacturer:	Model:
Hull ID #:	Registration/Document#:	Purchase Price: \$	Purchase Date:
Hull Design: <input type="checkbox"/> V <input type="checkbox"/> Semi-V <input type="checkbox"/> DeepV <input type="checkbox"/> Cat <input type="checkbox"/> Tunnel <input type="checkbox"/> Pontoon		Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Aluminum <input type="checkbox"/> Other	
Engine Year:	Manufacturer:	# of Main Engines:	Total Horsepower:
Engine Serial #'s: _____			
Propulsion: <input type="checkbox"/> Outboard <input type="checkbox"/> I/O <input type="checkbox"/> Inboard <input type="checkbox"/> Jet <input type="checkbox"/> Sail <input type="checkbox"/> Pod		Supercharged / Turbocharged: <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Speed: _____
Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel		_____	
<input type="checkbox"/> No Trailer	Trailer Year:	Manufacturer:	ID#:
Mooring Location:	State:	County:	Zip:
Lay-up Period: ____/____/____ to ____/____/____	Lay-up Location:	Zip Code:	
How Protected from Theft: _____			
Navigation Limits Desired: _____			
Vessel will be used for: <input type="checkbox"/> Private/pleasure use <input type="checkbox"/> Business rental use <input type="checkbox"/> For Profit/Non-Profit Organization use <input type="checkbox"/> Minors will operate			
<input type="checkbox"/> Racing <input type="checkbox"/> Charter <input type="checkbox"/> Fishing Guide <input type="checkbox"/> Commercial Fishing <input type="checkbox"/> Vessel currently for sale <input type="checkbox"/> Live aboard			
Electronic Aids: <input type="checkbox"/> Halon <input type="checkbox"/> VHF <input type="checkbox"/> Depth Sounder <input type="checkbox"/> Radar <input type="checkbox"/> Fume Detector <input type="checkbox"/> Automatic Bilge Pump <input type="checkbox"/> GPS <input type="checkbox"/> Auto Pilot			
<input type="checkbox"/> No Tender	Tender Year:	Manufacturer:	ID#:

IMPORTANT NOTE: Your submission of this quote request to us, and our acceptance of it, does not constitute a bound policy or an agreement to provide coverage. Additional underwriting will be required and our acceptance of the customer and/or the rate provided is always subject to change until we receive a signed application. Furthermore, many carriers utilize consumer report information in connection with rating. Unless otherwise requested or indicated by you we will utilize such carriers. It is your responsibility to communicate with your customer. By submitting this quote request to us, you represent that you and your customer understand these important notes.

**Please remit via email or by fax to the number listed above.
You will be contacted by an Underwriter within 24-48 business hours.**