



Dealer Name _____

Customer Request Quote Only Buy Insurance

CUSTOMER INFORMATION

Customer Name _____

Cell # _____ Home Phone # _____

Email _____ Date of Birth _____

Delivery 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)

Make _____ Current Vessel Value _____

Model _____ Current Trailer Value _____

Year/Length _____ Number of Engines _____

Storage Zip Code _____ Total Horsepower _____

Lender Name _____

I ACKNOWLEDGE AND PERMIT MY DEALER TO RELEASE AND PROVIDE THE INFORMATION FOUND ON THIS FAST FAX TO NORMAN-SPENCER AGENCY, INC. FOR THE PURPOSE OF OBTAINING AN INSURANCE QUOTE. I UNDERSTAND THAT NORMAN-SPENCER AGENCY, INC. WILL UTILIZE THIS INFORMATION FOR UNDERWRITING PURPOSES AND MAY CONTACT ME VIA THE PHONE NUMBER(S) AND/OR EMAIL ADDRESS PROVIDED.

I DO NOT PERMIT MY DEALER TO RELEASE MY INFORMATION TO NORMAN-SPENCER AGENCY, INC.

Customer Signature

Date

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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