



A copy of your current policy is required for a quote

Questionnaire for Boat Insurance Quote

1178 Fay Blvd. Port St. John, Florida 32927

Phone: 321-633-1500 / Fax: 321-633-3731

Email: tammy@thecanopyagency.com



NOTE: You are responsible for any personal information you email to us until it reaches our servers. If this is a concern please fax, mail or hand deliver this form to us. FAX to 321-633-3731 Drop off – After hours slot available in door.

Owner Name(s): _____ Date _____

Address: _____ Phone: _____ Email: _____

Address where boat is stored/garaged: _____

Current Carrier: _____ Renewal Date: _____ Renewal Premium: \$ _____

Is stored location: enclosed ___ gated ___ locked ___ unsecured/outside ___

Driver's license information is required, if requesting auto quote, skip the licensing section.

Licensed drivers in household:

Name	Birthdate	State/License#
_____	_____	_____
_____	_____	_____

If boat is over 10 years old, last date of marine survey: _____ **Please Attach Copy**

Percent of Ocean use: ___ % Percent of Intracoastal/River waterway use: ___ %

Hull: Yr.: _____ Make: _____ Model: _____
Serial #: _____ Insured Amount: \$ _____

Engine: Yr.: _____ Make: _____ Model: _____ Insured Amount: \$ _____
Serial #: _____ Horsepower: _____ Hull Tolerance: _____
Inboard/Outboard? ___ Yes ___ No Inboard? ___ Yes ___ No Outboard? ___ Yes ___ No

Trailer: Yr.: _____ Make: _____ Model: _____
Serial #: _____ Insured Amount: \$ _____

Personal equipment: \$ _____ **Deductible:** \$ _____ Do you want uninsured motorist? ___ Yes ___ No

Will the boat be used for permanent housing/residential? ___ Yes ___ No Will the boat be used for Business? ___ Yes ___ No

Will passengers be charged a fee? ___ Yes* ___ No ***If "yes", we will need your Captains' license information**

Do you want Sea Tow coverage? ___ Yes ___ No

Claims/Tickets relating to boat & auto operation in last 5 years: _____

Have you ever sued an Insurance Company? ___ Yes ___ No Date: _____ Details: _____

Help us get you Discounts

Boating Safety Course? ___ Yes* ___ No ***Please provide certificate.**

Prior Insurance? ___ Yes* ___ No ***Please provide current policy.**

Would you like us to quote your home insurance also? ___ Yes ___ No **Is your IRA working for you?** ___ Yes ___ No

We also cover **RV's **ATV's** **Motorcycles** **Cars** **Jet Ski's****