



Marine Insurance Questionnaire

Greetings! In order to provide accurate rating for a Marine insurance quote, please answer the following questions:

Named Insured(s)

Name/s (Vessel Owner): _____ Date/s of Birth _____

SS#: _____ Drivers license #: _____ Marital Status: _____

Mailing address: _____

Best phone number: _____ Best email: _____

Closing date: _____ Bank: _____

NO. YRS BOAT EXP?: _____ PREV BOATS OWNED (SIZE/MAKE/YRS OWNED)?: _____

BOATING CLASS? USCG _____ USPS _____ MEMBERSHIP? USCG _____ USPS _____ CAPT LICENSE? _____

VESSEL INFORMATION

MFG: _____ YR: _____ LGTH: _____ MDL: _____ ID#: _____

ENG MFG: _____ YR: _____ HP: _____ GAS: _____ DSL: _____ IO: _____ IB: _____ OB: _____ ID#: _____

VHF: _____ DPTH SNDR: _____ LRN: _____ GPS: _____ RDR: _____ FUME DET: _____ CO2/HLN: _____ EPIRB: _____ LSR PLT: _____

WEIGHT OF HULL & MOTOR: _____ SPEED: _____

TRAILER MFG: _____ YR: _____ SERIAL #: _____

DATE PURCHASED: _____ CURRENT MKT VALUE OR PURCHASE PRICE (WHICHEVER IS LESS): \$ _____

SURVEYED WITHIN THE LAST 3 YEARS? YES _____ NO _____ COPY AVAILABLE? (Y/N) _____

TENDER MFG _____ LGTH _____ YR _____ ENG MFG _____ YR _____ HP _____

NAVIGATION INFORMATION

COASTAL N.E. _____ ENTIRE EAST COAST INCL BAHAMAS _____ INLD LAKES & RVRS _____

OTHER _____ LAY-UP PERIOD _____ TO _____

WHERE IS VESSEL AT TIME OF PURCHASE?: _____

SUMMER LOCATION: _____ MOORING _____ DOCK _____ TRAILERED _____

WINTER LOCATION: _____ HAULED _____ BUBBLE SYSTEM _____

VESSEL USE/MISC INFO

CHARTER? _____ IF CHARTER, WHAT KIND? _____ HOW MANY TRIPS? _____ SELL CATCH? _____

NO. OF OWNERS _____ SAME HOUSEHOLD? _____ CORPORATE OWNED? _____ PAID CAPTAIN? _____

LOSS HISTORY

DATE _____ CAUSE _____ AMOUNT \$ _____

LIMITS OF INSURANCE

HULL & EQUIPMENT \$ _____

OB MOTOR \$ _____

TRAILER \$ _____

TENDER \$ _____

LIABILITY \$ _____

FISHING EQUIP \$ _____

OTHER _____ \$ _____

DEDUCTIBLE: 1% _____ 2% _____ 3% _____

Do you prefer policy documents and billing by US mail or email?: _____

How did you hear about this agency?: _____

(If you were referred, will you please let us know by whom so we may thank them?): _____

**Please be sure to answer all applicable questions to help ensure accurate rating.*

If you have a current policy and would provide us with a copy it will help expedite the quoting process.

Thank you for choosing Almeida & Carlson Insurance Agency for your insurance needs!