

# QUICK QUOTE FORM (Q<sup>2</sup> Form)

Date: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Is The Named Insured an:  Individual  Partnership  DBA  Corporation

Phone: (H)# \_\_\_\_\_ (B)# \_\_\_\_\_ (Fax)# \_\_\_\_\_ (Cell)# \_\_\_\_\_

E-mail address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if Different): \_\_\_\_\_

How Did You Hear About Us?: \_\_\_\_\_

Present Insurer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vessel Use: \_\_\_\_\_ If Comm. Fishing, Type? \_\_\_\_\_

Homeport: \_\_\_\_\_ Is vessel docked or moored? \_\_\_\_\_ Lay-Up Period (if any): \_\_\_\_\_ thru \_\_\_\_\_

Vessel Info: a) Year Built: \_\_\_\_\_ b) Length: \_\_\_\_\_ c) Make: \_\_\_\_\_

d) Model: \_\_\_\_\_ e) Gross Tons: \_\_\_\_\_ f) Hull Material: \_\_\_\_\_

g) Official #: \_\_\_\_\_ h) Trailer Description: \_\_\_\_\_

Engine(s) info:  Diesel  Gasoline /  Inboard  Outboard  I/O / # of Engines: \_\_\_\_\_

#1) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ H/P: \_\_\_\_\_

#2) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ H/P: \_\_\_\_\_

#3) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ H/P: \_\_\_\_\_

## (6 Packs Only): Is Vessel Equipped With the Following:

a) High Water Level Alarms? Y  N  b) Engine Alarms? Y  N  c) Anti Theft/Alarm? Y  N

d) EPIRB? Y  N  e) Fixed Fire Extinguishing System? Y  N  f) Fume Detectors? Y  N

Waters Navigated: \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Date of Vessel's Last Survey: \_\_\_\_\_ By Whom? : \_\_\_\_\_

## Coverages:

a) Hull/Machinery: \_\_\_\_\_ Trailer Value: \_\_\_\_\_ Deductibles: \_\_\_\_\_

b) P&I: \_\_\_\_\_ c) # of Passengers: \_\_\_\_\_ d) Avg. # of Passengers: \_\_\_\_\_

e) Crew Coverage (excluding owners): Hard: \_\_\_\_\_ F/T \_\_\_\_\_ P/T Soft: \_\_\_\_\_ F/T \_\_\_\_\_ P/T

Captain(s) Information: Is Vessel Owner Operated?  Yes  No Is a Licensed Capt. Always in Control?  Yes  No

#1) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Yrs. Exp.: \_\_\_\_\_ License: \_\_\_\_\_

#2) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Yrs. Exp.: \_\_\_\_\_ License: \_\_\_\_\_

#3) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Yrs. Exp.: \_\_\_\_\_ License: \_\_\_\_\_

Does Insured Own Other Vessels? \_\_\_\_\_

5 Year Loss History (on any owned vessels): If yes, please list Date, Type, Status and amount Paid.