

INSURENCE FOR ALL YOUR NEEDS .COM

WATER CRAFT

FAX (626) 444-9502

DR#	NAME	AGE	DOB	MARITAL STATUS	YEARS DRIVING EXP	OTHER STATE	SEX	RELTOAPP	DRIVE VEH#
1									
2									

STREET _____ CITY _____ CALIFORNIA. ZIP CODE _____ PHONE HOME () _____

EMAIL ADDRESS @ _____ PHONE WORK () _____

DR#	PRESENT OCCUPATION	SELF EMPLOYED	WORKS OUT OF HOUSE	IF MIL/ RANK	EMPLOYER /LOCATION	HOW LONG
1		Y-N	Y-N			
2		Y-N	Y-N			

VEHICLE	MANUFACTURE	HULL LENGTH	HULL MATERIAL	PROPULTION TYPE	NUMBER OF MOTOR	HORSE POWER	MAXIMUN SPEED
1.							
2.							

VEHICLE 1. VALUE _____ VEHICLE 2. VALUE _____

VEHICLE 1.VALUE INCLUDING TRAILER _____ VEHICLE 2.VALUE INCLUDING TRAILER _____

STORAGE ZIP CODE OFF UNITE (S) _____

HAVE YOU TAKE ANY SAFETY OR ACCIDENT PREVENTION COURS YES NO

ANY MAYOR VIOLATIONS IN THE LAST FIVE YEARS _____

ANY MINOR VIOLATIONS IN THE LAST FIVE YEARS _____

ANY AT FAULT ACCIDENTS IN THE LAST FIVE YEARS _____

DO YOU OWN ANY OTHER WATER CRAFT VEHICLE YES NO UNIDE TYPE: _____?

PRESENT CARRIER _____

EXPIRATION DATE _____ HOW LONG _____

COVERAGES

	#1	#2	
VEHICLES			
BODILY INJURY/ Ea Per (Each Accident)	\$,000	\$,000	Examples 15,000 or 25,000 No Max 500,000
PROPERTY DAMAGE	\$,000	\$,000	Examples No more then \$ 100,000
UNILNSURED MOTORIST (Each Person)	\$,000	\$,000	Examples 15,000 or 25,000 No Max 500,000
(Each accident)	\$,000	\$,000	
UNINSURED MOTORIST PROPERTY DAMAGE 3500	Y-N	Y-N	Examples 15,000 or 25,000 No Max 500,000
COLL DED WAIVER	Y-N	Y-N	
MEDICAL PAYMENTS	\$,000	\$,000	Examples 5,000 --- 8,000 --- 10,000
COMPREHENSIVSE COLLISION	DED _____ DED _____	DED _____ DED _____	
TOWING AND LABOR	Y-N	Y-N	
RENTAL REIMBURSEMENT	Y-N	Y-N	
SPECIAL EQUIPMENT	Y-N	Y-N	
TOTAL _____			

**FOR A FASTER QUOTE
CALL US @ 866 661-9500**