

Gowrie Marine Insurance - Quote Info Form

Today's Date	
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Primary Owner Information:

Corporation or Trust:		
Is the Corporation for the sole purpose of the ownership of the vessel?		Yes No
Full name:		
Phone:		Email address:
U.S. Street address:		
City:	State:	Zip code:
Date of birth: (mm/dd/yyyy)		Driver's license # and state:
Marital status: Single Married Divorced Widowed		
Homeowner: Own Rent Other:		
Clean driving record for 3 years?		Yes No
If no, describe all violations (dates and details):		
Occupation:		Citizenship:

Secondary Owner/Operator Information:

Full name:		
Is the 2 nd operator a titled owner?		Yes No
Phone:		Email address:
U.S. Street address:		
City:	State:	Zip code:
Date of birth: (mm/dd/yyyy)		Driver's license # and state:
Marital status: Single Married Divorced Widowed		
Homeowner: Own Rent Other:		
Clean driving record for 3 years?		Yes No
If no, describe all violations (dates and details):		
Occupation:		Citizenship:

Boating Experience – Primary Operator:

Primary operator name:		
Boating courses completed:		
Valid marine licenses held (if any):		
List your 2 largest previous/currently owned vessels (below):		
Length:	Builder/Model:	Years owned:
Length:	Builder/Model:	Years owned:
Years boating experience:	Total years of boat ownership:	
Have you had any marine insurance losses/claims?	Yes	No
If yes to loss/claim, please describe and include date(s) and \$ amount(s):		
Has any owner/operator been convicted of a felony?	Yes	No
If yes to convicted of a felony, please provide details:		

Vessel Information:

Name of vessel:	Purchase date:	Purchase price:
Year built:	Builder:	
Model:	Rig:	
Length:	Hull material:	Mast material:
Engine mfg:	Engine year:	# of engines:
Total horsepower:	Fuel type:	Drive type:
Maximum speed:	Country of registration:	Last survey date:
Vessel Equipment (check all that apply):		
GPS	VHF	Auto Extinguisher
Depth finder	AIS	Paper charts
		Storm sails
		Theft alarm
		EPIRB
		High water alarm
Do you have lithium batteries on board?	Were lithium batteries professionally installed?	
Yes No	Yes No	
Lithium battery manufacturer:	Name of lithium battery installer:	
Current insurance company:	Current insurance policy expiration date:	

Navigation & Use:

Navigation Area (provide a detailed itinerary for next 12 months):

Current location of vessel:					
Primary vessel location from June 1 – November 15:					
Location type:	Afloat in slip/dock	Afloat on a mooring	On a trailer	On a lift	Other
If other, please specify:					
Primary vessel location from November 16 – May 31:					
Location type:	Afloat in slip/dock	Afloat on a mooring	On a trailer	On a lift	Other
If other, please specify:					
Lay-up period: (mm/dd to mm/dd)					
Lay-up storage:	Ashore	Afloat with bubbler	Afloat without bubbler	On a rack outdoors	
Indoor commercial storage					
Primary uses of vessel: (select all that apply)					
Private/pleasure		Liveaboard	Charter/commercial/business	Racing	
Number of paid crew (if any):			Do you have a captain?	Yes	No

Tender Information:

Year built:		Builder/Make:			
Model:		Length:			
Engine manufacturer:	Engine year:	Horsepower:			

Requested Insurance Coverages:

Hull & Equipment Value (\$):					
Deductible:	1%	2%	3%	4%	5% Other
Liability Limit (\$):			Tender Value (\$):		
Personal Property Aboard (\$):					

Additional Information:

Is your vessel financed (boat loan)? Yes No		Bank Loan Name:			
Is the vessel for sale or will it be for sale in the next 12 months? Yes No		Do you have a personal umbrella policy? Yes No			
Is there any extended period of time that you are away from the vessel (such that you leave the vessel in the care of a third party)? Yes No					

Additional Comments:

Any additional comments/explanations?					
How did you find out about us?					