

Boat and Personal Watercraft

INSURANCE QUOTE REQUEST—RELEASE 9

PROGRESSIVE[®]

Customer Information

First Name: _____ Middle Name: _____ Last Name: _____ Gender: M F

Date of Birth: ____/____/____ Social Security Number: _____ Phone Number: (____) _____ Work: (____) _____

Mailing Address: _____ Marital Status: Married Single Widowed

Years Boating Experience: _____

Driving Record (prior 35 months) _____

E-mail Address: _____ Violations (all drivers): _____

Other operator information: (any operator in or outside the household with regular access to insured watercraft more than 12 times per year)

Name	Date of Birth	Marital Status	AF/NAF Auto and Boat/PWC Accidents, and or Comprehensive Claims over \$1,000:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver License Status: _____

Purchase Year: _____

Boat Information

Type (i.e., pleasure, fishing, sail, etc.): _____ Year: _____ Make: _____ Model: _____ Length: _____

HIN #: _____ Number of Engines: _____ Total Horsepower (excluding trolling and kicker motors): _____

Propulsion Type: Inboard Outboard Inboard/Outboard Jet Hull Material: _____

Maximum Speed: _____ Enhanced Performance Modifications (i.e., blowers, superchargers, etc.): _____

Trailer Coverage: Yes No Purchase Year: _____ Rating Base* (include value of trailer and permanent/portable boating equipment if coverage desired): _____

Where is boat stored during boating season: _____ *Purchase price with taxes and title fees for TLR coverage or current market value for agreed value, ACV coverage

Underwriting/Discount Information

Primary Residence: Own a Home/Condo Own a Mobile Home (10 years old or newer) Rent Live with Parents Other

Association Name: None USCG Auxiliary US Power Squadron Dockage/Mooring/Storage ZIP Code: _____

Watercraft Use (i.e., pleasure, business, etc.): _____ Multi-Owner (more than one owner, not in the same household): Yes No

Discounts: Homeowner Multi-Policy Original Owner Safety Course Transfer

(Prior Boat Insurance: Yes No Prior Carrier: _____ Expiration Date: _____)

Coverage Information

Hull Coverage (Comp & Collision): Total Loss Replacement (new boats only) Agreed Value Actual Cash Value

Hull Deductibles (Comp & Collision): \$250 \$500 \$1,000 \$2,500 \$5,000

Liability Coverage Limits: _____

Uninsured/Underinsured Boater Coverage: _____

Medical Payments Coverage: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000

Fishing Equipment Coverage (Primary): \$1,000 \$2,500 \$5,000 \$10,000

Primary Personal Effects Coverage: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

Emergency Towing (on-water): \$300 \$500 \$1,000 \$2,500

Coastal Navigation: 75 Nautical Miles 125 Nautical Miles Roadside Assistance: Yes No Disappearing Deductible: Yes No

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