



HAGERTY MARINE QUOTE REQUEST

Please fill out and fax to Hagerty Canada, LLC at 231.933.1581 or call 800.762.2628

Today's Date _____ Effective Date _____

OWNER INFORMATION

Applicant Name		Home Phone	Occupation
Address		Work Phone	Email Address
City	Province	Postal Code	Partner
Date of Birth		Fax Number	Club Membership? Yes <input type="checkbox"/> No <input type="checkbox"/>
Years as a Boat Owner		Name of Club _____	
Applicant's Years of Boating Experience	Partner's Years of Boating Experience	Married? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Past Boats Owned & Length	Number of Current Boats Owned & Length	Completed CCG or CPS Course? Yes <input type="checkbox"/> No <input type="checkbox"/>	

BROKER INFORMATION

Brokerage	Broker
Phone	Fax
Email Address	

BOAT INFORMATION

Year	Length	Make/Builder	Model	Years Owned	Max Speed
Boat: Cruiser <input type="checkbox"/> Runabout <input type="checkbox"/> Sail <input type="checkbox"/> Other _____			Engine: Single <input type="checkbox"/> Twin <input type="checkbox"/> Other _____		
Hull: Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____			Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Horsepower _____		
Condition: Bristol <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>				Restored? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date _____					
Built-in Fire Extinguishing System? Yes <input type="checkbox"/> No <input type="checkbox"/>		Gas Vapor Detector? Yes <input type="checkbox"/> No <input type="checkbox"/>		Waterskiing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Navigation				Live-Aboard? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of months Navigated					
Summer Storage: Mooring <input type="checkbox"/> Private Slip <input type="checkbox"/> Hoist <input type="checkbox"/>			Winter Storage: Wet <input type="checkbox"/> Dry <input type="checkbox"/>		
Boat House <input type="checkbox"/> Marina Slip <input type="checkbox"/> Other _____			Inside <input type="checkbox"/> Outside <input type="checkbox"/>		
Dates Hauled: From _____ To _____			Survey Available? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Survey _____
Charter or Commercial Use? Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe any Boating Losses (Include Dates)			
Driving Record Within Last 5 Years				Driver's Licence Number	

COVERAGES

Boat Value	Liability Requirements	Medical Payments	Other Coverages
Trailer Year/Make/Value	Previous Premium	Previous Insurance Company	Deductible

ADDITIONAL REMARKS