



United Marine Underwriters - Boat Insurance Request Form
1309 Bluegrass Parkway LaGrange KY 40031
800-477-7140 502-222-0199 502-222-0299 (fax) umu@UnitedMarine.net

Important: For the fastest and most accurate quote, use this quote form as a guide and input the information using the online quote form at www.UnitedMarine.net.

Return Quote By: e-mail fax mail

Agency Information

If you are the boat owner, write None for Agency Name.

Agency Name: _____ Agency Contact: _____

Phone: _____ Fax: _____ e-mail: _____

Web Address: _____

Insured Information

Owner's Name: (as it appears on the title) _____ Address: _____

City: _____ State: _____ Zip: _____

Vessel Information

Year: _____ Length: _____ Make: _____ Model: _____

Purchase Date: New Purchase Purchase Date: (mm/yyyy) _____ Purchase Price: \$ _____

Hull Construction: Fiberglass Aluminum Steel Wood Other Top Speed: _____

Number of Engines: 1 2 3 HP Per Engine: _____ Engine Year: _____ Engine Make: _____

Engine Type: Inboard Stern Drive (I/O): Outboard Jet Other Fuel: Gas Diesel

Automatic Fire Extinguishing System in the engine compartment: YES NO

Gas Fume Detector in the engine compartment: YES NO

Does the vessel have any unrepaired damage or deficiencies: YES NO

Is the vessel raced in other than local club events (local club racing allowed for sailboats only): YES NO

Is the vessel used as the primary residence: YES NO

Has the vessel been surveyed by a certified Marine Surveyor: YES NO Survey Date: (mm/yyyy) _____

Trailer - Tender (Dinghy) Information

Trailer Year: _____ Trailer Length: _____ Trailer Make: _____

Tender or Dinghy is a small auxiliary vessel used to service a larger vessel

Tender Year: _____ Tender Length: _____ Tender Make: _____

Tender Engine Year: _____ Tender Engine Hp: _____ Tender Engine Make: _____

Vessel Location - Use - Navigation

Where is the vessel located: (ie: residence, name of marina, private dock) _____

City: _____ State: _____ Zip: _____ County: _____

Use of Vessel: Pleasure Primary Residence Charter Commercial Other

Navigational Limit: Inland Great Lakes Chesapeake Bay Atlantic - excluding FL

Atlantic - including FL Gulf Pacific Puget Sound San Francisco Bay

Other: _____

Lay Up: time period the vessel is not used (winter months), a reduction of premium is applied, can be laid up ashore

or afloat, is fully covered during lay up if not navigated, not ready for immediate use and not used to live aboard.
of months in lay up: _____ Lay up start date (month and day) ____/____/____

Operator Information (primary operator must be an owner)

Primary Operator Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captains License

Social Security Number (not required but recommended to provide an accurate quote): ____/____/____

Total number of driving violations in the last 3 years: _____

Total number of DUI or Reckless driving violations in the last 3 years: _____

Prior Owned Boats: This information needs to correspond with ownership experience above. We base our underwriting on the years of boat ownership, not boating experience. If there is additional information on the boating experience that you would like us to consider, please use the comments section on page 3.

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____

of additional regular operators: 0 1 2 3 4 > 4 operators details required on page 3.

of any PAID Captain or Crew: _____ Full Time or Part Time: Full Part

Please provide details on the additional regular operators on page 3.

Coverages Requested

Vessel Value: _____ engine value(s) are included in Vessel Value

Trailer Value: _____ Tender Value: _____ Tender Outboard Value: _____

Liability Limit: \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000 Other \$ _____

Uninsured Boaters: Limit is based on the type of boat and program. Please see limit when quote is returned

Medical Payments: \$1,000 \$5,000 \$10,000 \$25,000 Other \$ _____

Personal Effects: Limit is based on the type of boat or you can select the limit desired. Other \$ _____

Towing-Emergency: Limit is based on the type of boat and program. Please see limit when quote is returned.

Additional coverage details will be shown on the quote

Current Insurance Information

Company: _____ Premium: _____ Expiration Date: _____

Insured is: Current Customer of the agency New but known by the agency New and unknown

Current Coverages provided by agency: _____

Any Reported Boat Losses in Last 5 Years: YES NO

Any OTHER Reported Loss in Last 5 Years: (car, home, business) YES NO

Has any insurance coverage ever been Cancelled or Refused: YES NO

Please use the comments section on the next page for any additional operators. If you have answered YES to Loss(es) or YES to Refused insurance, details of the Loss(es)/Refused insurance are required here. If you have no comments or details, page 3 is not required.

Please use the space below for any additional operators or if you have answered YES to Loss(es) or YES to Refused insurance or if you have additional information or details to provide. If you have no comments or details, this page is not required.

Date of Loss: _____ Date of Loss: _____ Date of Loss: _____ Date of Loss: _____

Notes/Comments * Loss Details/Refused Insurance Details: (required if YES to Losses/Refused Insurance)

Additional Operator

Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captains License

Social Security Number (not required but recommended to provide an accurate quote): ____/____/____

Total number of Minor driving violations (speeding ticket for any motor vehicle) in the last 3 years: _____

Total number of DUI or Reckless driving violations (for any motor vehicle) in the last 3 years: _____

Prior Owned:

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____

Additional Operator

Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captains License

Social Security Number (not required but recommended to provide an accurate quote): ____/____/____

Total number of Minor driving violations (speeding ticket for any motor vehicle) in the last 3 years: _____

Total number of DUI or Reckless driving violations (for any motor vehicle) in the last 3 years: _____

Prior Owned:

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____

Additional Operator

Name: _____ DOB: _____ Occupation: _____

Years of Boat Ownership: _____ Years of Boating Experience: _____

Operator Has a Safe Boating Certificate From: None USCG USPS Captains License

Social Security Number (not required but recommended to provide an accurate quote): ____/____/____

Total number of Minor driving violations (speeding ticket for any motor vehicle) in the last 3 years: _____

Total number of DUI or Reckless driving violations (for any motor vehicle) in the last 3 years: _____

Prior Owned:

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____

Length: ____ Make: _____ Years Owned: ____ Length: ____ Make: _____ Years Owned: ____