



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

Important: Collect the information necessary for a Quick Quote or Full Quote, then sign onto your Agency Center at www.UnitedMarine.net and request a quote. Only Full Quotes are available for charter, guide or other commercial use. For charter, guide and other commercial use, see supplemental application.

Items with silver background are required for a 90 Second Quick Quote. All questions required for a Full Quote.

Agency Information

Agency Name: _____ Agency Contact: _____
 Phone: _____ Fax: _____ e-mail: _____
 Web Address: _____

Insured Information

of Title Owners (husband and wife = 1 title owner) _____
 Owner's Name: _____ Address: _____
 City: _____ State: _____ Zip: _____

Vessel Information

Boat Type: Bass Cruiser Houseboat Pontoon Runabout Sailboat Ski Boat Sport Fish Trawler
 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: _____

Does Insured Live More Than 4 Hours From The Vessel: _____

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:

The 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 Captain's License

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

Total number of minor 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 operator's 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. \$0 for liability only

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:** _____

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 Captain's 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 Boats:

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

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