

## Yacht - Indication Only Quote Sheet

					Produ	icer Info	rmatio	n							
Agency Name:					City:	ity:				Producer #:		÷:			
Contact Name:					Email:			Phone #:							
					Own	er Infor	mation								
Owner Name:					Ownership Ty				/pe:	Personal Corporate				te	
Date of Birth:						Social Security # (optiona									
Mailing Address:				City:			State:			Zip:					
					Boa	at Inforn	nation								
In Season Mooring Location Zip Code			e:		City:				State:						
Boat Year:		Length:			Man	ufacturer:				Model:					
Hull Type:					Hul	Material:					Fuel:				
# of Engines:		Total HP:		M	ax Spec	ed:		Prop	ulsion	/ Dr	ive Type:				
Safety Equipment:		Depth Finde VHF Radio High Water			Radar L						arbon Monoxide Detector oran , Sat Nav or GPS uto Fire Extinguisher				
Navigation Territory:						Lay-up	: Ye	es			Lay-up I		m:		
						Туре		shore			Dates:		Го:		
Boat Currently Held for Sale? Yes			s N	No	Usage	Purchase Date:					e:				
					Opera	ator Info	rmatio	n							
Is the Owner the Primary Operator?			Yes No Owner Convicted of a F					a Fe	lony?		Yes	No			
		- Pleas	se tell	us bel	low abo	ut the la	ast 3 bo	ats owne	d or op	oera <sup>-</sup>	ted -				
Boating Experience:	#	# of Years Leng		th		Boat Description			Owne			r an	r and/or Operator		
											Owner Operator				
											Owner Operator				
												Owner Operator			
Please Describe All Marine Losses:				·											
			T		Cove	erages &	Limits								
Hull Coverage:		\$ [		Dedu	Deductible:			Settleme			ent Type:				
P&I Coverage:				P&I Only:		Yes	No	Uninsured Wa			atercraft: Incl		Includ	led w/ P8	ιI
Medical Payments:		i					ffaata.			Towing:					
Medicai Paymen	ıts:				Pe	rsonal E	nects:				τοννιή	J:			
Fishing Equip.:	its:			Re		rsonal E eimburse					Tende	_	\$		

The indication provided is subject to change upon receipt of a complete application and other underwriting documentation appropriate to the risk. Please note, the Markel Helmsman Yacht Program is insurance scored.