

Boat and Personal Watercraft

PROGRESSIVE

INSURANCE QUOTE REQUEST - RELEASE 6

Customer Information

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

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

Home Address: _____ Marital Status: Married Single Other: _____

Driving Record (prior 35 months)

Violations (all drivers): _____

E-mail Address: _____

Primary Residence: _____ Other Operator Information: _____

Own Home/Condo (any operator in or outside the household with regular access to insured watercraft more than 12 times per year)

Own Mobile Home: _____ Name Date of Birth Marital Status AF/NAF Auto and Boat/PWC Accidents: _____

(10 years old or newer)

Rent _____

Live with Parents _____

Other: _____ Automobile Driver License Status: _____

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: _____

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

Trailer Coverage: Yes No

Rating Base* (include value of trailer and permanent/portable boating equipment if coverage desired): _____

*Purchase price with taxes and title fees for TLR coverage or current market value for Agreed Value, ACV coverage

Underwriting/Discount Information

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 5% Multi-Policy 5% Original Owner 10% Safety Course 5% Transfer 5%

(Prior Boat Insurance: Yes No Prior Carrier: _____ Effective Dates: _____)

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

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

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

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

Coastal Navigation: 75 Nautical Miles 125 Nautical Miles

Note To Customer (in credit states only): To provide an accurate quote, we have asked you numerous questions about yourself and your boat or PWC. As part of the quoting process, we will also be utilizing various consumer reports which may include reports regarding your credit history. All information we acquire may be provided to our insurance carriers. Please initial here if we have your permission to gather and share information as described herein: _____

Note To Agent: Not all programs and features are available in every state and the specifics of each program feature may vary by state. Please refer to your state specifics on ForAgentsOnly.com for details.

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