



Trafalgar

QUOTE REQUEST

Trafalgar Marine Insurance Services, Inc.

Toll Free: (800) 221-3884

Fax: (949) 955-7111

18111 Von Karman Ave., Ste. 460

Irvine, CA 92612

CA License #: 0D91077

INSURED INFORMATION

SS# _____ DATE _____

INSURED'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRODUCER INFORMATION

PRODUCER/AGENCY _____ CONTACT NAME _____

EMAIL _____

PHONE# _____ FAX# _____

Requested Effective Date: _____ to _____

BOAT DESCRIPTION

| Year | Length | Builder/Make | Model | Hull Material | Name of Boat |
|------|--------|--------------|-------|---------------|--------------|
|------|--------|--------------|-------|---------------|--------------|

GENERAL INFORMATION

Storage / Mooring Location: _____ Zip Code: _____

Purchase Price: _____ Date of Purchase: _____ / _____

Lay Up Dates: _____ To _____ Dry Indoors Dry Outdoors Afloat

ENGINE INFORMATION:

Date of Last Survey: _____ Dry Afloat

Engine(s): Make: _____ # Of Engines: _____ Year: _____

Total Horsepower: _____ Fuel: _____ Top Speed (Required): _____

Supercharged: Yes No Fume Detector: Yes No

Fixed Fire System: Yes No Engine Type: OB IN
 I/O JET-DRIVE

COVERAGE REQUESTED

DEDUCTIBLE(S): _____

HULL INFO:

INSURING AMNT: \$ _____
[less tender(s) - see below.]

P&I LIABILITY: \$ _____

MEDICAL: \$ _____

PERSONAL PROP: \$ _____

U/I BOATERS: \$ _____

TOWING: \$ _____

TRAILER: \$ _____ YEAR: _____ MAKE: _____

TENDER INFO:

DINGHY: \$ _____ YEAR: _____ MAKE: _____

LENGTH: _____ MOTOR: _____ HP: _____

OWNER / OPERATOR RESUME

MANDATORY: All sections below **MUST** be completed to obtain a quote.

Prior Boats Owned: (Length, Make, Year.)

1. _____

2. _____

3. _____

Years of Experience: _____ Boating Courses: USPS USCG Other

Insured's Occupation: _____ Insured's Age: _____

Driver's Lic. #: _____ State: _____ Marital Status: _____

D.O.B (Required for Quote): _____ / _____ / _____

Area(s) of Navigation: _____

Anticipated Trips: _____

Losses? Yes No If **Yes:** Year of Loss: _____ Total Paid: _____

Brief Description of Loss: _____

Current Insurance Carrier: _____

Live Aboard: Yes No Youthful Operators: Yes No

Commercial Use: Yes No DUI: Yes No

Paid Crew: # _____ Yes No

of Charters: _____ 6 Pac 12 Pac # of Speeding Tickets: _____

ADDITIONAL OPERATORS

Name: _____ D.O.B. _____

Prior Boats Owned/Operated: _____

Name: _____ D.O.B. _____

Prior Boats Owned/Operated: _____

IMPORTANT NOTES:

- 1.) This quote may not match the specific terms, conditions and exclusions requested in the original submission.
- 2.) This quote is valid for 30 days from the date quoted, unless extended in writing.