



**Trafalgar**

**QUOTE REQUEST**

**Trafalgar Marine Insurance Services, Inc.**

Telephone (310) 399-0800 or (800) 966-6830  
 2950 31st Street, Suite 140, Santa Monica, CA 90405

**INSURED INFORMATION**

SS# \_\_\_\_\_ DATE \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

**Lewis and Lewis Insurance Agency, Inc.**  
 California Surplus Line Insurance Broker License #0645420  
 2950 31st Street, Suite 140, Santa Monica, CA 90405  
 Telephone (310) 399-0800 or (800) 966-6830

Boat Insurance USA Mexico Trip

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_ to \_\_\_\_\_

**BOAT DESCRIPTION**

Year	Length	Builder/Make	Model	Hull Material	Name of Boat
<b>GENERAL INFORMATION</b>			<b>OWNER / OPERATOR RESUME</b>		
Storage / Mooring Location: _____ Zip Code: _____			<b>MANDATORY: All sections below <u>MUST</u> be completed to obtain a quote.</b>		
Purchase Price: _____ Date of Purchase: _____ / _____			Prior Boats Owned: <b>(Length, Make, Year.)</b>		
Lay Up Dates: _____ To _____ <input type="checkbox"/> Dry Indoors <input type="checkbox"/> Dry Outdoors <input type="checkbox"/> Afloat			1. _____		
<b>ENGINE INFORMATION:</b>			2. _____		
Date of Last Survey: _____ <input type="checkbox"/> Dry <input type="checkbox"/> Afloat			3. _____		
Engine(s): Make: _____ # Of Engines: _____ Year: _____			Years of Experience: _____ Boating Courses: <input type="checkbox"/> USPS <input type="checkbox"/> USCG <input type="checkbox"/> Other		
Total Horsepower: _____ Fuel: _____ Top Speed <b>(Required)</b> : _____			Insured's Occupation: _____ Insured's Age: _____		
Supercharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Fume Detector: <input type="checkbox"/> Yes <input type="checkbox"/> No			Driver's Lic. #: _____ State: _____ Marital Status: _____		
Fixed Fire System: <input type="checkbox"/> Yes <input type="checkbox"/> No Engine Type: <input type="checkbox"/> OB <input type="checkbox"/> IN			<b>D.O.B (Required for Quote):</b> _____ / _____ / _____		
			Area(s) of Navigation: _____		
<b>COVERAGE REQUESTED</b>			Anticipated Trips: _____		
DEDUCTIBLE(S): _____			Losses? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> : Year of Loss: _____ Total Paid: _____		
<b>HULL INFO:</b>			Brief Description of Loss: _____		
INSURING AMNT: \$ _____ <small>[less tender(s) - see below.]</small>			Current Insurance Carrier: _____		
P&I LIABILITY: \$ _____			Live Aboard: <input type="checkbox"/> Yes <input type="checkbox"/> No Youthful Operators: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL: \$ _____			Commercial Use: <input type="checkbox"/> Yes <input type="checkbox"/> No DUI: <input type="checkbox"/> Yes <input type="checkbox"/> No		
PERSONAL PROP: \$ _____			Paid Crew: # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
U/I BOATERS: \$ _____			# of Charters: _____ <input type="checkbox"/> 6 Pac <input type="checkbox"/> 12 Pac # of Speeding Tickets: _____		
TOWING: \$ _____			<b>ADDITIONAL OPERATORS</b>		
TRAILER: \$ _____ YEAR: _____ MAKE: _____			Name: _____ D.O.B. _____		
<b>TENDER INFO:</b>			Prior Boats Owned/Operated: _____		
DINGHY: \$ _____ YEAR: _____ MAKE: _____			Name: _____ D.O.B. _____		
LENGTH: _____ MOTOR: _____ HP: _____			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.