



FRASER YACHT INSURANCE SERVICES



NEW QUOTE QUESTIONNAIRE

Date _____

Owner's Name _____

Address _____

Phone Number _____ E-Mail Address _____

Subscribe to our E-Newsletter? Yes No

Birthdate: _____ Occupation: _____ Years Boating Exp. _____

Previous Boats Owned _____

Losses _____

Paid Captain - Yes ___ No ___ Experience/License _____

Total Number of Paid Crew (Including Captain): _____

VESSEL: Year _____ Length _____ Builder _____ Model _____

Name _____ Doc/Reg # _____ F/G WOOD ALUM STEEL

EQUIPMENT: Engines _____ Total H.P. _____ DIESEL / GAS

AUTO HALON/CO2 _____ OTHER EQUIPMENT: _____

LAST SURVEY: Date _____ By _____ Dry / Afloat

Recommendations Completed? _____ Purchase Price: _____ Purchase Date: _____

NAVIGATION LIMITS REQUIRED _____

Moorage Location: _____

MISCELLANEOUS:

Present Insurance _____ Expires _____ Premium Paid _____

Loss Payee _____

Additional Insured _____

Vessel Use: Private Pleasure ___ Business Entertainment ___ Charter ___ (brief description in Misc.)

COVERAGES REQUIRED

DEDUCTIBLES

Hull Value _____ or _____

Liability Limit _____

Medical Payments Limit _____

Personal Effects Limit _____

Tender/ Outboard Value _____

Other: _____

Miscellaneous Information: _____

Fax form to Fraser Yacht Insurance Services at 949-673-8795

E-mail to yachtquote@fraserinsurance.com