

RJR INSURANCE BOAT QUOTE INFORMATION

Name _____	Phone _____
Date _____	Where did you hear about us? _____
Mailing Address _____	
Physical Address Boat kept _____	
How would you prefer our quarterly newsletter? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> None _____	
Email Address _____	
Current Insurance _____	Expires _____ Premium \$ _____ (annual/5 month)
Policy # _____	Years with current insurance company _____ Years living at current home _____
Prior Address _____	

PLEASE LIST ALL LICENSED DRIVERS LIVING IN HOUSEHOLD:

<i>Name:</i>	<i>License #/State:</i>	<i>Social Security #:</i>	<i>DOB:</i>	<i>Sex:</i>	<i>Years experience:</i>	<i>Highest Level School:</i>	<i>Current GPA:</i>	<i>Boating Course taken?</i>	<i>Drives l</i>

List boats that are financed: _____
List any customized equipment or electronic equipment: _____
Have you been declined, cancelled, or or refused to renew by an insurance company? If yes, explain: _____
Have you declared bankruptcy? Date/explain: _____
Insured occupation and employer _____ For how long _____ Married: YES/NO
Spouse/Partner Name _____ Occupation _____ For how long _____
Do you rent or own a home? _____ Current home insurance company _____ Type of home: FRAME/LOG/MODULAR/MOBILE (Age of mobile _____)
Are you the registered owner of all boats being quoted? _____ If no, explain: _____
Do you have any boats with damage? _____ Explain: _____
MOTOR: Make/model _____ year _____ serial # _____ HP _____ Value \$ _____ Inboard/outboard/jet
MOTOR: Make/model _____ year _____ serial # _____ HP _____ Value \$ _____ Inboard/outboard/jet
TRAILER: Make/model _____ year _____ serial # _____ Value \$ _____ Full coverage on trailer? _____

What are your current policy liability limits? _____

What limits do you want quoted? _____

List any accidents/violations/citations/claims for any drivers in your household within the last 5 years:

<u>Driver:</u>	<u>Date:</u>	<u>Description:</u>	<u>At fault?</u>	<u>Amount paid out:</u>

<i>Year:</i>	<i>Make/model:</i>	<i>Vin #:</i>	<i>Value:</i>	<i>Comp deductible</i>	<i>Collision deductible</i>	<i>Max speed:</i>	<i>HP:</i>

NOTICE OF INSURANCE INFORMATION PRACTICES: (please read and sign below)

- a. There are times when insurance companies will collect information about a person through public records or other sources.
- b. This information is treated confidentially. However, customer information may be shared with others when it is appropriate or required under law. This usually involves such people or organizations as agents, company underwriters, independent claims adjusters, government offices which may subpoena records, or insurance support organizations which gather data to help prevent insurance crimes.
- c. Our customers may see certain information about themselves in the insurance company files (as allowed by law) and may request corrections of any inaccuracies.
- d. If the customer would like to receive more detailed description of their rights and the procedures the insurance company follows regarding information in their files, you may request that the insurance company send one.

I have read and understand the above statements. All information and statements given on this form and to the agent are true, complete, and correct to the best of my knowledge. Signed _____ Date _____

This form is not an application and in no way binds coverage. Please return to an agent at _____ Insurance for a quote. Thank you!