



QUOTATION REQUEST FOR BOAT AND YACHT INSURANCE

OWNER INFORMATION

Name (Beneficial Owner) _____

Mailing Address _____

Date of Birth _____ Social Security Number _____

Preferred method of contact for quote delivery: ___ Phone ___ Fax ___ e-mail

Telephone Number _____

Fax Number _____

E-mail address _____

OWNER'S BOATING EXPERIENCE

Total Years as a Boat Owner _____ (if less than 3 years with a similar boat, please include details regarding operating experience)

Do you currently own the vessel you wish to insure? If yes, how many years have you owned it?

What is the largest vessel that you have owned or operated? (Please include length and manufacturer). How many years did you own it/operate it?

Have you had any marine claims or losses? _____ If yes, please list details below

Date of Loss _____ Cause of Loss _____ Amount of Loss _____

Boating Courses Completed: US Coast Guard Auxiliary _____ US Power Squadron _____ USCG Licensed _____ None _____

Details regarding any other experience/training: _____

List all other operators:

Table with 5 columns: Name, Age, % of Use, Years Experience, Driver's license State/Number

VESSEL DESCRIPTION

Year Built _____ Length _____ Builder/Manufacturer _____ Model _____

Vessel Type _____ Vessel Name- _____ Cost to Owner _____

Purchase Date _____

Date of Last Survey _____ Name of Surveyor _____ Recommendations complied with? _____

Hull Material: Fiberglass ___ Aluminum ___ Spar Material: Aluminum ___ Carbon Fiber ___ Wood ___ Steel ___ Other ___ Wood ___ Other ___ N/A ___

Engine Details: Single ___ Total HP ___ Inboard ___ Inboard/outboard ___ Twin ___ Max Speed ___ Outboard ___ Gas or Diesel ___

Engine Manufacturer _____ Year Built/Rebuilt _____ If outboard, provide serial #(s) _____

Navigation and Safety Equipment, please check all that apply:

___ Auto Fire Ext in Engine Compartment

___ Fume Detector

DINGHY/TENDER, PERSONAL WATERCRAFT, TRAILER

Do you have a dinghy or tender that you would want to insure for physical damage? If yes, please provide year, manufacturer, and value.

Is the tender carried aboard the yacht or towed? _____

Do you carry aboard a personal watercraft? _____ if yes, provide make/model/serial #/value _____

Trailer (if physical damage coverage is desired): Year _____ Make/Mode/Serial # _____ Value _____

NAVIGATION & USE

Mooring/Storage Location of Vessel

Summer _____ Winter _____

Navigation Area _____

Trip request or special provisions _____

Will the vessel be laid up in the winter? _____ If yes, from _____ to _____ will the vessel be afloat or ashore? _____

Will the vessel be transported overland? _____ if yes, provide details _____

Is the vessel ever rented or chartered to others? _____ If yes, provide details _____

Do you employ a captain or any crew? _____ If yes, provide the total # _____ Attach resume and license number for Captain

Is the vessel used for racing? _____ If yes, provide details _____

Is the vessel used for any business or commercial purpose? _____ If yes, provide details _____

Have you purchased boat/yacht insurance in the past? _____ Has any insurance company ever cancelled your coverage? _____

BASIC INSURANCE COVERAGE LIMITS REQUESTED

| Description of Coverage | Limit of Insurance | Deductible |
|----------------------------|--------------------|------------|
| Yacht Hull and Equipment | \$ | \$ |
| Watercraft Liability Limit | \$ | N/a |
| Tender/Outboard | \$ | \$ |
| Personal Watercraft | \$ | \$ |
| Fishing Gear | \$ | \$ |
| Other Special Requests | | |

Date on which coverage should be effective: _____

Applicant's Statement: I HEREBY DECLARE THAT I PERSONALLY HAVE READ THIS APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. I UNDERSTAND THAT THIS IS NOT A BINDER OF INSURANCE.

Applicant's Signature _____ Date _____

Application is invalid without authorized applicant signature

Agent's Signature _____ Date _____

Please return all completed and signed applications by mail or fax to the following address:

Butler Marine Insurance
307 Main Street
Southwest Harbor, ME 04679

Fax: 207.669.4521
Phone: 866.278.9498 or 207.669.4512
e-mail: applications@butlermarineinsurance.com