

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

Boat Quote Request

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Requested Effective Date: _____

| | | | | | |
|-----------|--------|---------|-----------------|--|--|
| Name: | | | Telephone: | | |
| Address: | | | Bus. Telephone: | | |
| City: | State: | Zip: | Other Phone: | | |
| Employer: | | County: | Email Address: | | |

In order to provide the best price available to you, we need the following information on all drivers. This is strictly used for quoting your insurance program. Once your quote is complete, the information is destroyed within approximately 15 days. All information is strictly confidential and is destroyed by shredding before being discarded.

List of Drivers

| Full Name of Driver (s) | Married | Gender | Social Security # | Drivers License # | Date of Birth |
|-------------------------|---------|--------|-------------------|-------------------|---------------|
| 1. | Y N | M F | | | |
| 2. | Y N | M F | | | |

Please provide **detail of any citations, accidents or comp claims in the past 36 months**. Please provide details: _____

Boat Insurance for past (2) years and whom (current carrier): _____

Loss and Insurance History (list all automobile, traffic and boat violations, license suspensions, and all accidents for each operator.)

| Date | Name of Operator | Description Accident/Convictions | Amount Paid |
|------|------------------|----------------------------------|-------------|
| | | | |
| | | | |
| | | | |

Vessel Description:

Model year: _____ Length: _____ Mfg. _____ Model: _____

Hull Type: _____ Material: _____

Purchase Price: _____ Date Purchased ____/____/____ Current Market Value (Insuring value): _____

Any existing or prior damage to vessel? ___ Yes ___ No If Yes, please explain: _____

Engines & Motors

___ Inboard ___ I/O ___ Jet Drive ___ None ___ Other: _____ Max Speed: _____

Engine #1 Manufacturer: _____ Model Year: _____ H.P. _____

Engine #2 Manufacturer: _____ Model Year: _____ H.P. _____

Trailer

Model Year: _____ Mfg.: _____

Purchase Date: _____ Purchase Price: \$ _____ Actual Cash Value of Trailer \$ _____

Insurance Coverage Requested

Value of the boat to be insured: \$ _____

NOTICE: As a part of our underwriting process for all applicants, to provide you with an accurate premium amount, we have asked a series of questions, some of which are confirmed through consumer reports, which may include credit information. If this is acceptable and the form is completed in its entirety, please sign and date as acceptance of these terms and conditions.

Signed: _____ Date: _____