

QUOTE REQUEST

This form can be printed, filled in by hand and then mailed to Manifest Marine at the address above, or it can be faxed to the telephone number above. It can also be filled in on your computer and then either printed and mailed or faxed to us, or the form can be e-mailed to mail@ManifestMarine.com. In any case, we look forward to being of service.

Applicant Information

The personal information you provide will not be used by Manifest Marine or the insurers it represents except for the purpose of determining the present availability and cost of the insurance you specify below. Some insurers we represent check driving, claims and credit histories in order to determine the availability and cost of their insurance; please mention in the Comments section if you do not wish to consent to this. The contact information you provide will not be used by us or others to contact you again at a later time unless you choose to have Manifest Marine arrange such insurance for you.

<i>Name of applicant</i>	<input type="text"/>		
<i>Mailing address</i>	<input type="text"/>		(include the city, state and postal code of your address, and, if it is outside the U.S.A., include the country .)
<i>Telephone</i>	<input type="text"/>	<i>E-mail</i>	<input type="text"/>
<i>Occupation</i>	<input type="text"/> (if retired please also indicate prior occupation)		
<i>Citizenship</i>	<input type="text"/>	<i>Driver license</i>	<input type="text"/> (number and issuer)
<i>Date of birth</i>	<input type="text"/>	<i>Years boating</i>	<input type="text"/> <i>Years as boatowner</i> <input type="text"/>
<i>Largest prior vessel</i>	<input type="text"/> (describe vessel, years owned and where operated)		
<i>Second largest vessel</i>	<input type="text"/> (describe vessel, years owned and where operated)		
<i>Boating courses taken</i>	<input type="text"/> (please also list any boating licenses held)		

Place a check next to any of the following statements that are true:

- I have been cited for a boating or motor vehicle violations in the past five years.
- I have made an insurance claim against a boat or motor vehicle insurance policy in the past ten years.
- I have been denied an insurance policy by an insurance company for boat or motor vehicle insurance.
- I have had a boating or motor vehicle license suspended or revoked.
- I have been convicted of a felony.
- Someone will operate the vessel on a regular basis without me aboard.
- A captain or crewman will be hired to operate or assist in the operation of the vessel.

The vessel will be operated singlehandedly in cases other than an emergency.

If any statement was checked, please provide details of the relevant circumstances in the Comments section at the end of this form.

Vessel Information

Owners (if other than applicant named above)

Boat name *Builder*

Model *Style*

Year *Length* *Construction*

Place built *Place registered*

Propulsion Type: Gasoline Diesel Other Year/Manufacturer:
 Single Twin Triple HP each: Maximum MPH:

Equipment Automatic fire extinguisher Fume detector Theft alarm High water alarm
 RADAR VHF radio Depthsounder GPS AIS
 Dinghy with motor Dinghy w/o motor Liferaft Trailer

Particularly if the vessel will be traveling internationally, please describe any additional safety, navigation or other equipment aboard or other preparations you have made to enhance the seaworthiness of the vessel and the safety of its crew.

Spars *Rigging age* (for sailboats, please specify material of the spars and age of standing rigging)

Damage (please describe any existing damage or other faults of the vessel)

Survey (indicate date of latest professional survey and whether or not the vessel was ashore for this)

Usage Information

Type of use Recreational Liveaboard Racing Trailering Waterskiing
 Bareboat charter Crewed charter Commercial use other than charter

Time of use Year-round use
 Kept in port From: Until:
 Stored ashore From: Until:

Area of use Coastal waters Between: And:
 Nontidal waters of U.S. Bahamas Cuba Caribbean Mexico Canada
 Great Lakes San Francisco Bay Puget Sound Chesapeake Bay
 Other:

Mooring Regularly cruising
 Year-round At:
 Seasonal Over at: "Y lper at:

Coverage Information

<i>Present insurer of vessel</i>	<input type="text"/>	<i>Expiration date of policy</i>	<input type="text"/>
<i>Purchase cost of vessel</i>	<input type="text"/>	<i>Date of purchase</i>	<input type="text"/>
<i>Estimated current value</i>	<input type="text"/>	(if higher than purchase cost, describe why in Comments section below)	
<i>Desired insurance amount</i>	<input type="text"/>	(if other than current value, describe why in Comments section below)	
<i>Deductible</i>	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 10% (percentage of insurance amount)		
<i>Value of dinghy & motor</i>	<input type="text"/>	(portion of current value attributable to dinghy & its motor)	
<i>Value of trailer</i>	<input type="text"/>	(portion of current value attributable to boat trailer)	
<i>Liability insurance</i>	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> other: <input type="text"/>		

Comments

Please use the space below to expound upon any of the information provided above or to advise us of any peculiar circumstances of which we should know. If any use other than recreational was indicated above, please provide below details of the planned use. Please also use the space below to specify any supplemental coverages in which you are interested.

Please let us know how you came to learn about Manifest Marine: