

## 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 (call the number above to obtain the fax number.) 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 <b>city, state</b> and <b>postal code</b> of your address, and, if it is outside the U.S.A., include the <b>country</b> .)
<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 Winter at:  Summer 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 &amp; 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:*