



# QUOTATION REQUEST

WOZENCRAFT INSURANCE AGENCY  
 Orange County, CA: (714) 263-2626  
 Lake Havasu City, AZ: (928) 680-6801  
 Faxsimile: (866) 538-7660  
 www.wozencraftinsurance.com

## INSURED INFORMATION

DATE \_\_\_\_\_ REFERRED BY \_\_\_\_\_  
 INSURED'S NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

## PRODUCER INFORMATION

PRODUCER/AGENCY \_\_\_\_\_ AGENT NAME \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ FAXSIMILE NUMBER \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ To: \_\_\_\_\_

## BOAT INFORMATION

Year \_\_\_\_\_ Length \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Hull \_\_\_\_\_ Weight \_\_\_\_\_ Lbs.

## GENERAL INFORMATION

Storage/Mooring Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purchase Price: \_\_\_\_\_ Date Of Purchase: \_\_\_\_\_ / \_\_\_\_\_  
 Lay Up Dates: \_\_\_\_\_ To: \_\_\_\_\_ Dry/Indoor Dry/Outdoor Afloat  
 Date Of Last Survey: \_\_\_\_\_ / \_\_\_\_\_ Dry Afloat

## ENGINE INFORMATION

Engine(s) Make: \_\_\_\_\_ # Of Engines: \_\_\_\_\_ Year: \_\_\_\_\_  
 Total Horsepower: \_\_\_\_\_ Fuel: \_\_\_\_\_ Top Speed (Required) \_\_\_\_\_  
 Supercharged: Yes No Turbo: Yes No Fume Detector: Yes No  
 Fixed Fire System: Yes No Engine Type: OB IB  
 I/O Jet Drive

## COVERAGE REQUESTED

Deductible(s): \$ \_\_\_\_\_  
**Hull Information:**  
 Insuring Amount: \$ \_\_\_\_\_  
[less tender(s) - see below]  
 P&I Liability: \$ \_\_\_\_\_  
 Medical: \$ \_\_\_\_\_  
 Personal Property: \$ \_\_\_\_\_  
 Uninsured Boaters: \$ \_\_\_\_\_  
 Towing: \$ \_\_\_\_\_  
 Trailer: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
**Tender Information:**  
 Dinghy: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Length: \_\_\_\_\_ Motor: \_\_\_\_\_ HP: \_\_\_\_\_

## OWNER/OPERATOR RESUME

### MANDATORY INFORMATION

All sections below **MUST** be completed to obtain a quote.  
 List The Prior Boats You Have Owned: (Length, Make and Year)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Years Of Experience: \_\_\_\_\_ Boating Courses: USPS/USCG Tres Martin Other

Insured's Occupation: \_\_\_\_\_ Insured's Age: \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Captains License: \_\_\_\_\_

Areas Of Navigation: \_\_\_\_\_

Anticipated Trips: \_\_\_\_\_

Losses: Yes No If Yes...Year Of Loss: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Description Of Loss: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_

Live Aboard: Yes No Youthful Operators: Yes No  
 Commercial Use: Yes No DUI/OUI: Yes No  
 Paid Crew # \_\_\_\_\_ Yes No Number Of At Fault Accidents: \_\_\_\_\_  
 # Of Charters: \_\_\_\_\_ 6 Pac 12 Pac Number Of Tickets: \_\_\_\_\_

## ADDITIONAL OPERATORS

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Years Of Experience: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Years Of Experience: \_\_\_\_\_

**IMPORTANT NOTES:** (1) This Quotation may not match the specific terms, conditions and exclusions requested in the original submission.  
 (2) This Quotation is valid for 30 days from the date quoted, unless expressed differently in writing.



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*Additional Information*

A large, empty rectangular box with a black border, intended for providing additional information.