

Please, carefully complete the information requested below as neatly as possible and fax it back to: NEW BUSINESS DEPARTMENT. DO NOT INCLUDE ANYTHING NOT REQUESTED. THIS IS FOR YOUR SECURITY AND HELPS EXPEDITE YOUR REQUEST FOR A QUOTE.

You will receive a quote by email within 30 minutes as long as the form below is complete and legible. Fax number: 1-703-997-5999

OWNER INFORMATION



4 Peace Pipe Lane
Fredericksburg, VA 22401
www.ChaseAgency.com

Today's Date _____ Effective Date _____
Applicant Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Occupation _____
Work Phone _____ Fax Number _____ Partner _____
Email Address _____ Club Membership? ☐ No ☐ Yes: _____
Years as Boat Owner _____ Date of Birth _____ Partner Years of Experience _____
Applicant Years Experience _____ Married? ☐ Yes ☐ No Past Boats Owned _____
Completed USCG or Power Squadron Course? ☐ Yes ☐ No Current Boats Owned _____

BOAT INFORMATION

Year _____ Make _____ Area of Navigation _____
Length _____ Model _____ Number of Months Navigated _____
☐ Cruiser ☐ Runabout ☐ Sail ☐ Other _____ Summer Storage: ☐ Mooring ☐ Private Slip ☐ Hoist
☐ Boat House ☐ Marina Slip ☐ Other _____
Engine: ☐ Single ☐ Twin ☐ Other _____ Winter Storage: ☐ Wet ☐ Dry ☐ Inside ☐ Outside
☐ Diesel ☐ Gas Horsepower _____ Dates Hauled: From _____ To _____
Hull: ☐ Wood ☐ Fiberglass ☐ Other _____ Survey Available? ☐ Yes ☐ No
Years Owned _____ Max Speed _____ Date of Survey _____
Condition _____ Charter or Commercial Use? ☐ Yes ☐ No
Restored? ☐ Yes ☐ No Date _____ Describe any Boating Losses _____
☐ Built-in Fire Extinguishing System ☐ Gas Vapor Detector Driving Record _____
Waterskiing? ☐ Yes ☐ No Live-Aboard? ☐ Yes ☐ No Driver's License Number _____

COVERAGES

Boat Value _____
Liability Requirements _____
Uninsured Boater _____
Other Coverages _____
Trailer Year/Make/Value _____
Previous Premium _____
Previous Insurance Company _____
Deductible _____

ADDITIONAL REMARKS