

# EAGAN INSURANCE AGENCY BOAT INSURANCE QUESTIONNAIRE

## PERSONAL DATA

**Owner Name:** \_\_\_\_\_ **Ownership:** **Personal:** \_\_\_\_\_ **Corporate:** \_\_\_\_\_  
 \_\_\_\_\_ **Sole Owner:** \_\_\_\_\_ **Multi-Owner\*:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Driver's License No. & State:** \_\_\_\_\_

**\*If Multi-Owner:** **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
 \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Boating Education:** USPS \_\_\_\_\_ USCGA \_\_\_\_\_ Captain's License \_\_\_\_\_ Other \_\_\_\_\_

**Safety Courses:** \_\_\_\_\_

## BOAT INFORMATION

**In-Season Location Zip Code:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City & State:** \_\_\_\_\_

**Boat:** Year: \_\_\_\_\_ Length: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

**Motor:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Total Horsepower.: \_\_\_\_\_ Speed: \_\_\_\_\_ # of Engines: \_\_\_\_\_

**Trailer:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_

**Hull Type:** Center Console: \_\_\_\_\_ Cruiser/Express: \_\_\_\_\_ Bass Boats: \_\_\_\_\_ Houseboat: \_\_\_\_\_ Inflatable: \_\_\_\_\_  
 Motor Yacht: \_\_\_\_\_ Multi-Hull Power: \_\_\_\_\_ Pontoon/Tritoon: \_\_\_\_\_ Runabout: \_\_\_\_\_ Sail-Mono-Hull: \_\_\_\_\_  
 Sail-Multi-Hull: \_\_\_\_\_ PWC: \_\_\_\_\_ Sportfish: \_\_\_\_\_ Trawler: \_\_\_\_\_ Other: \_\_\_\_\_

**Hull Material:** Fiberglass: \_\_\_\_\_ Ferro Cement: \_\_\_\_\_ Fiberglass over wood: \_\_\_\_\_ Other: \_\_\_\_\_  
 Metal/Aluminum: \_\_\_\_\_ Wood: \_\_\_\_\_ Inflatable: \_\_\_\_\_

**Propulsion/Drive Type:** Inboard/V-Drive: \_\_\_\_\_ I/O, Sterndrive: \_\_\_\_\_ Jet: \_\_\_\_\_ **Fuel Type:** Gas: \_\_\_\_\_  
 Outboard: \_\_\_\_\_ Pod (IPS & Zeus): \_\_\_\_\_ Surface: \_\_\_\_\_ Diesel: \_\_\_\_\_

**Navigation Territory:** Inland: \_\_\_\_\_ Great Lakes: \_\_\_\_\_ Coastal: \_\_\_\_\_ Explain: \_\_\_\_\_

**Lay-up:** Yes \_\_\_\_\_ No \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_ (mm/yr format) Ashore: \_\_\_\_\_ Afloat: \_\_\_\_\_  
 Depth Finder: \_\_\_\_\_ Sea Key: \_\_\_\_\_ Carbon Monoxide Detector: \_\_\_\_\_

**Safety Equipment:** VHF Radio: \_\_\_\_\_ Radar: \_\_\_\_\_ Loran, Sat Nav or GPS: \_\_\_\_\_  
 High Water Alarm: \_\_\_\_\_ EPIRB: \_\_\_\_\_ Auto Fire Extinguisher in Engine Space: \_\_\_\_\_

## OPERATOR INFORMATION

**Is the owner the primary operator?** Yes \_\_\_\_\_ No \_\_\_\_\_ # of years boating experience: \_\_\_\_\_

**Private Pleasure Use Only:** Yes \_\_\_\_\_ No \_\_\_\_\_

Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Homeowner: Yes \_\_\_\_\_ No \_\_\_\_\_

# EAGAN INSURANCE AGENCY BOAT INSURANCE QUESTIONNAIRE

## OPERATOR INFORMATION CONTINUED

Motor Vehicle Violations & Accidents (Last 3 years):

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Provide all Marine losses:

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Describe Ownership Experience (Model, length, top speed and years operated):

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## COVERAGE AND LIMITS

**Hull Coverage:** \$ \_\_\_\_\_ Deductible: \$50 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$5,000 \_\_\_\_\_

**Settlement Type:** Agreed Value \_\_\_\_\_ ACV \_\_\_\_\_ Uninsured: Yes \_\_\_\_\_ No \_\_\_\_\_ P&I Only: Yes \_\_\_\_\_ No \_\_\_\_\_

**P&I Coverage:** \$100,000 \_\_\_\_\_ \$300,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ Other: \_\_\_\_\_

**Medical Payments:** \$1,000 \_\_\_\_\_ \$2,000 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ Other \_\_\_\_\_

**Personal Effects:** \$ \_\_\_\_\_ Rental Reimbursement: \$ \_\_\_\_\_ Towing: \$ \_\_\_\_\_

**Fishing Equipment:** \$1,000 \_\_\_\_\_ \$2,000 \_\_\_\_\_ \$3,000 \_\_\_\_\_ \$4,000 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_  
Other \_\_\_\_\_

**Boat Trailer Limits:** \$ \_\_\_\_\_ **Tender:** \$ \_\_\_\_\_

**Boat House:** \$ \_\_\_\_\_ Boat Lift: \$ \_\_\_\_\_ Paid Crew: \_\_\_\_\_ (enter #)

## FOR AGENCY USE ONLY

AE: \_\_\_\_\_ Date given to Quote Dept.: \_\_\_\_\_

Producer: \_\_\_\_\_ Date quote needed by: \_\_\_\_\_

Notes: \_\_\_\_\_

This application was completed by \_\_\_\_\_ and reviewed by \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_