

Watercraft Quote Form

1st Auto Agent
 Lead Referral
 Mutual Agent

Name		Mutual	
Address		Agency	
		Agent	
County			
Phone #		Phone #	
Business Phone		Fax	
E-mail		E-mail	

HOUSEHOLD INFORMATION

	Operator Names	Sex	Marital Status	Relation	Date of Birth	SR-22 Needed	Driver of Watercraft
1							<input type="checkbox"/> Yes / <input type="checkbox"/> No
2							<input type="checkbox"/> Yes / <input type="checkbox"/> No
3							<input type="checkbox"/> Yes / <input type="checkbox"/> No
4							<input type="checkbox"/> Yes / <input type="checkbox"/> No

	License #	State	License Status	Claims/Accidents/Violations (last 5 yrs.)	Date	Claim Amount
1						
2						
3						
4						

Spouse an operator: Yes No Homeowner: Yes No (Proof required with application)
 Any other policies with Progressive: Yes No List: _____
 Trailers: Yes No Year, Make, and Value: _____

WATERCRAFT INFORMATION

	Year	Make	Model	Serial #	Length
1					
2					
3					
4					

	Type	Use	Hull Material	HP	Value	Max Speed	Registration #
1							
2							
3							
4							

	# of Motors	Propulsion	Motor #1 Year	Make	HP	Motor #2 Year	Make	HP
1								
2								
3								
4								

Modifications/accessories (list with price): _____

Storage/docked address when not in use: _____

Stored: Garage Apt. parking lot Marina Driveway/Yard Locked Bldg. Other: _____

Leins on vehicles or additional insured: Yes No If yes, list vehicle #, name, and address: _____

Other insurance: Yes No If yes, list company: _____

Mutual Policy: Yes No Quoted: Yes No

Policy number and type: _____

COVERAGES

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
BI				
PD				
UB				
MED				
OTC				
COLL				
ON WATER TOWING				
ROADSIDE				
PERSONAL EFFECTS				
NAVIGATIONAL LIMITS				
FISHING EQUIPMENT				
ADDITIONAL LINES				

I have read the following paragraph to the applicant and they have given permission to continue:

I give the WRC Agency permission to collect information from consumer reporting agencies such as driving records, claims, and credit history reports. I understand that while I am currently just trying to obtain a quote on insurance, future reports may be used to update or renew coverage should a policy be purchased. I give permission for a representative from the WRC Agency to contact me to review this information and provide me with a quote on insurance.

Signed by: Agent	Permission given by:	Date

Additional information:
