

**PREMIER MARINE INSURANCE – QUICK QUOTE
(SHORT FORM APPLICATION)**

Insured: _____	Vessel Year: _____
Address: _____	Make: _____
City: _____ Age: _____	Model: _____
Years as owner of a boat: _____	Engine: <input type="checkbox"/> O/B <input type="checkbox"/> I/O <input type="checkbox"/> I/B
Date Purchased: _____	Length: _____ H.P: _____
Experience: <input type="checkbox"/> NONE Years: _____	Max. Speed: _____
Boating Courses: <input type="checkbox"/> NONE <input type="checkbox"/> YES	Market Value: _____
Insurance ever cancelled: <input type="checkbox"/> NO <input type="checkbox"/> YES	Trailer Value: _____
Driving Record: <input type="checkbox"/> CLEAR <input type="checkbox"/> OTHER	Other: _____
Previous Insurer: _____	Liability: <input type="checkbox"/> \$2 million
Boating Losses (last 3 years): <input type="checkbox"/> NONE <input type="checkbox"/> YES	<input type="checkbox"/> \$1 million
Describe: _____	<input type="checkbox"/> PWC \$500,000
_____	<input type="checkbox"/> PWC \$250,000
_____	<input type="checkbox"/> PWC \$1,000,000
Brokerage Firm: _____	Broker Email: _____
Contact: _____ Date: _____	
Broker Tel: _____ Broker Fax: _____	

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QUOTATION (For Underwriter's Use Only)

Class: _____	Hull Limit: _____	Premium: \$ _____
Deductible: _____	Liability Limit: _____	Premium: \$ _____
_____	Trailer Limit: _____	Premium: \$ _____
Nav.Limit: _____	Other: _____	Premium: \$ _____
Conditions: _____	Wording: _____	Policy Fee: \$ 35.00
_____	_____	Ttl. Premium: \$ _____
		Quoted By: _____

NOTE: Quotation only. Subject to a fully completed application. Risk not bound until Premier issues a binder.

PREMIER MARINE

ONTARIO & MARITIMES
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Tel (604) 669-5211
Fax (604) 669-2667

U.S.A.
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