

**BOAT QUOTE** – Return to [info@kielyhines.com](mailto:info@kielyhines.com) or f) 502-897-1533

Agent Code: \_\_\_\_\_  
Client Code: \_\_\_\_\_  
Date Quoted: \_\_\_\_\_  
Need by Date: \_\_\_\_\_

Name \_\_\_\_\_ Referred By \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Current Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_ Prior Losses/Violations \_\_\_\_\_

No Current Insurance (Check Here) \_\_\_\_\_ Whose name(s) is/are the boat(s) titled? \_\_\_\_\_

<u>Operator</u>	<u>DOB</u>	<u>M/F</u>	<u>Married or Single</u>	<u>DL#</u>	<u>SS#</u>	<u>Yrs. Exp.</u>
1) _____						
2) _____						
3) _____						
4) _____						

<u>Power:</u>	<u>Type of Hull:</u>	<u>Hull Design:</u>	<u>Hull Material:</u>	<u>Fuel:</u>	<u>Fuel Tank:</u>
Inboard	Cabin Cruiser	Flat Bottom	Fiberglass	Gas	Fiberglass
Outboard	Open Cockpit	Round Bottom	Metal	Diesel	Metal
Inboard/Outboard	Sailboat	Vee Bottom	Wood	Battery	
Waterjet	Bass	Catamaran			
Sail	Personal W/C	Other			
Other	Ski				
	Other				

**Boat**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ HP \_\_\_\_\_

Length \_\_\_\_\_ Max Speed \_\_\_\_\_ Date Purchased \_\_\_\_\_ HIN# \_\_\_\_\_

Amount of Coverage \_\_\_\_\_ Agreed or ACV \_\_\_\_\_ Comp Deductible \_\_\_\_\_ Collision Deductible \_\_\_\_\_

Liability Limits \_\_\_\_\_ Address Where Boat is Stored \_\_\_\_\_

**Motor**

Year \_\_\_\_\_ Make \_\_\_\_\_ HP \_\_\_\_\_ Coverage Amount \_\_\_\_\_ Deductible \_\_\_\_\_

Serial # \_\_\_\_\_

**Trailer**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Coverage Amount \_\_\_\_\_ Deductible \_\_\_\_\_

Serial # \_\_\_\_\_