



4299 Five Oaks Drive
 Lansing, MI 48911
 Phone: (517) 482-7900
 Fax: (517) 482-1696

CAPITAL INSURANCE SERVICES

www.capitalinsurance.com

Boat / Marine Quote Sheet

Name: _____ Spouse Name (if applicable): _____
 Phone: _____ E-Mail: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of birth: ____/____/____ SSN*: _____ Occupation: _____
 (Spouse) Date of birth: ____/____/____ SSN*: _____ Occupation: _____

Youthful Operators: List any youthful operators of any watercraft

Name: _____ Date of birth: ____/____/____ Driver's license#: _____
 Name: _____ Date of birth: ____/____/____ Driver's license#: _____

Watercraft: List all watercraft (including jet skis, etc.) owned, leased, chartered or furnished for regular use

#	Year, Make & Model	Length	Engine Type & HP	Power or Sail	Purchase Price	Waters navigated (inland waterways, great lakes)
1						
2						
3						
4						
5						

Engine(s):

#	Year	Manufacturer	Fuel Type	Horsepower	Max Speed	Inboard/Outboard
1						
2						
3						
4						
5						

Watercraft Storage: (Storage facility Indoor/Outdoor, Marina)

#	Storage Facility	Address	City	State	Layup Period
1					
2					
3					
4					
5					

Optional Coverages:

#	Trailer Limit	Tender Limit	Increased Personal Property Limit
1			
2			
3			

How many years of experience do you have? _____
 Has anyone completed any boater safety courses? _____
 Any boats used for charter or commercial use? _____

Current Insurance Information

Company Name: _____ Annual Premium: _____ Expiration Date: _____

**Your social security number will only be used for obtaining an insurance score only and is necessary to give you an accurate quote. This has no impact on your credit score.*