

BOAT QUOTE INFORMATION



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 Libby, MT 59923
 406-293-6244/866-293-6244
www.glacierins.com
agency@glacierins.com

Name _____ Phone _____
 Date _____ Where did you hear about us? _____
 Mailing Address _____
 Physical Address Boat kept _____
 How would you prefer our quarterly newsletter? Email Mail None
 Email address _____
 Current insurance _____ Expires _____ Premium \$ _____ (annual/6 month)
 Policy # _____ Years with current insurance company _____ Years living at current home _____
 Prior address _____

PLEASE LIST ALL LICENSED DRIVERS LIVING IN HOUSEHOLD:

<u>Name:</u>	<u>License #/State:</u>	<u>Social Security #:</u>	<u>DOB:</u>	<u>Sex:</u>	<u>Years experience</u>	<u>Highest Level School:</u>	<u>Current GPA:</u>	<u>Boating Course taken?</u>	<u>Drives Boat?</u>

1. List boats that are financed: _____
2. List any customized equipment or electronic equipment: _____
3. Have you been declined, cancelled, or refused to renew by an insurance company? If yes, explain: _____
 Have you declared bankruptcy? Date/explain _____
4. Insured occupation and employer _____ For how long _____ Married: YES/NO
5. Spouse/Partner Name _____ Occupation _____ For how long _____
6. Do you rent or own a home? _____, Current home insurance company _____, Type of home: FRAME/LOG/MODULAR/MOBILE (Age of mobile _____)
7. Are you the registered owner of all boats being quotes? _____ If no, explain: _____
8. Do you have any boats with damage? _____ Explain: _____
9. MOTOR: Make/model _____, year _____, serial # _____, HP _____, Value \$ _____, Inboard/outboard/jet
10. MOTOR: Make/model _____, year _____, serial # _____, HP _____, Value \$ _____, Inboard/outboard/jet
11. TRAILER: Make/model _____, year _____, serial # _____, Value \$ _____, Full coverage on trailer? _____

9. What are you current policy liability limits? _____

10. What limits do you want quoted? _____

11. List any accidents/violations/citations/claims for any drivers in your household within the last 5 years:

<u>Driver:</u>	<u>Date:</u>	<u>Description:</u>	<u>At Fault?</u>	<u>Amount paid out:</u>

<u>Year:</u>	<u>Make/model:</u>	<u>Vin #:</u>	<u>Value:</u>	<u>Comp deductible</u>	<u>Collision deductible</u>	<u>Max speed:</u>	<u>HP:</u>

NOTICE OF INSURANCE INFORMATION PRACTICES: (please read and sign below)

- a. There are times when insurance companies will collect information about a person through public records or other sources.
- b. This information is treated confidentially. However, customer information may be shared with others when it is appropriate or required under law. This usually involves such people or organizations as agents, company underwriters, independent claims adjusters, government offices which may subpoena records, or insurance support organizations which gather data to help prevent insurance crimes.
- c. Our customers may see certain information about themselves in the insurance company files (as allowed by law) and may request corrections of any inaccuracies.
- d. If the customer would like to receive more detailed description of their rights and the procedures the insurance company follow regarding information in their files, you may request that the insurance company send one.

I have read and understand the above statements. All information and statements given on this form and to the agent are true, complete, and correct to the best of my knowledge. Signed _____ Date _____

This form is not an application and in no way binds coverage. Please return to an agent at Glacier Insurance of Libby for a quote. Thank you!

