# ACE Recreational Marine Insurance Quick Quote Form

**Applicant Information:**

Name

Address

City | State | ZIP

Phone Number | Fax Number | E-mail Address

Requested Effective Date of Coverage | Social Security Number

**Description of Vessel:**

Year | Length | ❑ Power | ❑ Sail

Manufacturer | ❑ Auto Fire Extinguishing System

Model | ❑ Fume Detector

Hull Material

**Engine(s):**

Year | Manufacturer

Fuel Type | Horsepower (CCs if PWC) | Maximum Speed (mph)

Number of Engine(s) | ❑ Outboard | ❑ Inboard | ❑ Inboard/Outdrive | ❑ No Engine

**Insuring Amounts:**

Vessel & Engine(s) | Desired Deductible

Liability | Medical

**Optional Coverages:**

Trailer (limit)

Tender (limit)

Increased Personal Property (limit)

**General Information:**

Storage/Mooring (city & state & zip) | Layup Period From | To

Is boat kept on a trailer at apt or condo? | ❑ Yes | ❑ No

Purchase Price | Purchase Date

Navigation Area | Current insurer & premium

**Owner/Operator Resume and Vessel Usage:**

Years of Experience | Owner Occupation

Courses Completed | ❑ USPS | ❑ USCG

Prior Boats Owned

Date of Birth | Age of Youngest Operator

Any Charter or Commercial use? | ❑ Yes | ❑ No | Multiple Unrelated Owners? | ❑ Yes | ❑ No

If yes, describe

Boating Losses in last 5 years | ❑ Yes | ❑ No | Date | Description

How would you like us to respond with your insurance quote?

❑ Phone | ❑ Mail | ❑ E-mail | ❑ Fax

ace recreational
marine insurance

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