



# Trafalgar

## QUOTE REQUEST

**Trafalgar Marine Insurance  
Services, Inc.**

Toll Free: (800) 221-3884

Fax: (949) 955-7111

18111 Von Karman Ave., Ste. 460

Irvine, CA 92612

CA License #: 0D91077

### INSURED INFORMATION

SS# \_\_\_\_\_ DATE \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

### PRODUCER INFORMATION

PRODUCER/AGENCY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE# \_\_\_\_\_

FAX# \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ to \_\_\_\_\_

### BOAT DESCRIPTION

Year \_\_\_\_\_

Length \_\_\_\_\_

Builder/Make \_\_\_\_\_

Model \_\_\_\_\_

Hull Material \_\_\_\_\_

Name of Boat \_\_\_\_\_

#### GENERAL INFORMATION

Storage / Mooring Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ / \_\_\_\_\_

Lay Up Dates: \_\_\_\_\_ To \_\_\_\_\_ ☐ Dry Indoors ☐ Dry Outdoors ☐ Afloat

Date of Last Survey: \_\_\_\_\_ ☐ Dry ☐ Afloat

#### ENGINE INFORMATION:

Engine(s): Make: \_\_\_\_\_ # Of Engines: \_\_\_\_\_ Year: \_\_\_\_\_

Total Horsepower: \_\_\_\_\_ Fuel: \_\_\_\_\_ Top Speed (Required): \_\_\_\_\_

Supercharged: ☐ Yes ☐ No Fume Detector: ☐ Yes ☐ No

Fixed Fire System: ☐ Yes ☐ No Engine Type: ☐ OB ☐ IN  
☐ I/O ☐ JET-DRIVE

#### COVERAGE REQUESTED

DEDUCTIBLE(\$): \_\_\_\_\_

#### HULL INFO:

INSURING AMNT: \$ \_\_\_\_\_  
[less tender(s) – see below.]

P&I LIABILITY: \$ \_\_\_\_\_

MEDICAL: \$ \_\_\_\_\_

PERSONAL PROP: \$ \_\_\_\_\_

U/I BOATERS: \$ \_\_\_\_\_

TOWING: \$ \_\_\_\_\_

TRAILER: \$ \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

#### TENDER INFO:

DINGHY: \$ \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

LENGTH: \_\_\_\_\_ MOTOR: \_\_\_\_\_ HP: \_\_\_\_\_

#### OWNER / OPERATOR RESUME

**MANDATORY:** All sections below **MUST** be completed to obtain a quote.

Prior Boats Owned: (Length, Make, Year.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Years of Experience: \_\_\_\_\_ Boating Courses: ☐ USPS ☐ USCG ☐ Other

Insured's Occupation: \_\_\_\_\_ Insured's Age: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**D.O.B (Required for Quote):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area(s) of Navigation: \_\_\_\_\_

Anticipated Trips: \_\_\_\_\_

Losses? ☐ Yes ☐ No If **Yes:** Year of Loss: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Brief Description of Loss: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

Live Aboard: ☐ Yes ☐ No Youthful Operators: ☐ Yes ☐ No

Commercial Use: ☐ Yes ☐ No DUI: ☐ Yes ☐ No

Paid Crew: # \_\_\_\_\_ ☐ Yes ☐ No

# of Charters: \_\_\_\_\_ ☐ 6 Pac ☐ 12 Pac # of Speeding Tickets: \_\_\_\_\_

#### ADDITIONAL OPERATORS

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Prior Boats Owned/Operated: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Prior Boats Owned/Operated: \_\_\_\_\_

#### IMPORTANT NOTES:

- 1.) This quote may not match the specific terms, conditions and exclusions requested in the original submission.
- 2.) This quote is valid for 30 days from the date quoted, unless extended in writing.