

Request for Quote Form

Find out how much you can save!

Go online! Log onto KeenanMarine.com to receive a free quote!



Keenan Marine

Yacht & Boat Insurance

Fax #: 1-800-892-1549
Mail to: Keenan Marine Insurance
Suite 1020
410 Saw Mill River Road
Ardsley, NY 10502-2616

Questions: 1-800-892-1554

Complete both sides and return this Form to receive a free Keenan Marine Insurance quote.

A. OWNER

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Ownership: Individual Company Partner with _____ other person(s)

Current Insurer: _____ Expiration date (mm/dd): ____/____/____ Premium: \$ _____

Check best place to call

Home Phone: (____) _____

Work Phone: (____) _____

Mobile Phone: (____) _____

Fax: (____) _____

Email: _____

B. VESSEL

Type: Cruiser Motor Yacht Trawler Sail Cuddy

Bow Rider Center Console Multi-hull _____

Make/Builder: _____ Year: _____

Model: _____ Length: _____ ft.

Hull Material: Fiberglass Aluminum _____

Purchase: Date (mo/year): _____ Price: \$ _____

Maximum Speed: _____

Last Survey (mm/yy): ____/____ In-Water Out-of-Water

Engine(s): How Many?: 1 2 3 4 Make: _____ Year: _____

Horsepower (Each): _____ Fuel: Diesel Gas Engine Type: Inboard Outboard Inboard/Outboard Jet

Safety Equipment: Built-in Fire Suppression Carbon Monoxide Detector Fuel-Vapor Detector Anti-Theft Radar

C. USE OF VESSEL

Principal Mooring/Storage Address:

City: _____ State: _____ Zip: _____

Seasonal Use? No Yes

Lay Up: City: _____ State: _____ Zip: _____

Lay Up Dates (mo/day): ____/____ through ____/____

Mode: Hauled Afloat Afloat with bubbler

Personal / Pleasure: Yes No

Chartered: Yes No How Many/Year? _____

Commercial Use: Yes No Explain in Comments _____

Paid Crew/Captain: Yes No How Many? _____

Scuba Diving: Yes No

Raced: Yes No

Live-aboard: Yes No

Desired Navigation Limits/Area: _____

D. DESIRED COVERAGE

Boat (Hull, Machinery and Equipment): \$ _____

Deductible: 1% 2% 3% _____% \$ _____

Dinghy, and Dinghy Engine: \$ _____

Trailer: \$ _____

Fishing Equipment: \$ _____

Liability (P&I): \$100K \$300K \$500K \$1 Million

Medical Payments: \$ _____

Towing: \$ _____

Note: We automatically include Uninsured Boater and Fuel Spill Liability coverage

Please continue on reverse

E. PRINCIPAL OPERATOR

Name: _____

Boating Ed: USPS USCG Auxiliary Other _____

Occupation: _____ Homeowner

Captain License Rating: _____

Date of Birth: ____/____/____ Single Married

Years of Boating Experience: _____

Years of Boat Ownership: _____

Prior vessel(s) owned:

	Make	Model Year	Length	Year Purchased	Year Sold
1.					
2.					

Boat Insurance History

1. Number of claims, last 5 years: _____ For any claims, please provide detail below.

Claim 1: Date _____ Amount Insurer Paid \$ _____ Nature of Claim _____

Claim 2: Date _____ Amount Insurer Paid \$ _____ Nature of Claim _____

2. Has your boat insurance ever been canceled or renewal refused? Yes No

Motor Vehicle Driving Record — Past 3 Years: At fault accidents Violations Suspensions DUIs/DWIs None

If so, please indicate date and type for each violation: _____

F. ADDITIONAL REGULAR OPERATOR(S)

1. Name: _____ Relationship: _____ Date of Birth: ____/____/____

Single Married Years of Boating Experience: _____

Motor Vehicle Driving Record — past 3 years: At fault accidents Violations Suspensions DUIs/DWIs None

If so, please indicate date and type for each violation: _____

2. Name: _____ Relationship: _____ Date of Birth: ____/____/____

Single Married Years of Boating Experience: _____

Motor Vehicle Driving Record — past 3 years: At fault accidents Violations Suspensions DUIs/DWIs None

If so, please indicate date and type for each violation: _____

Important Notice! Certain of our insurers use consumer report information in connection with rating. If you wish that we not quote with such companies, please so indicate in Comments below

G. COMMENTS



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