

Riggi & Associates, Inc.
Phone 586-771-5400 Fax 586-771-1580
INFORMATION SHEET FOR BOAT INSURANCE QUOTE



Date: _____

Full Name: _____

Address: _____ Rent _____ Own _____

City/State/Zip _____

Married _____ Single _____ Current Insurance: Yes _____ No _____ Company _____ Expires _____

Phone: Home _____ Cell _____

Date of birth _____ Drivers License Number _____

Social Security Number _____ - _____ - _____

Of years Licensed _____ # of years boat experience _____

Tickets _____ Accidents _____ Losses Marine _____

Employer: _____ Medical Insurance yes __ no __

Spouse's Name _____ Date of Birth _____

Driver's License Number: _____

Where boat kept: _____

Year-Make-Model of Boat _____

Length of Boat _____

Year Purchased _____ Current Value \$ _____ Deductible \$ _____

Serial Number _____

HP _____ Inboard _____ IO _____ Outboard _____ Serial # _____ Make _____

Trailer- Year-Make-Model _____

Serial Number _____

Lien Holder Name: _____

Address: _____

Coverage requested: Liability Only _____ Liability with Comprehensive & Collision _____

*Personal Effects \$ _____ *Medical Coverage _____ *On Water Towing _____ *Fishing Equip. _____

*Enter amount requested!

Web page: www.riggil.com e-mail: riggil@ymail.com