

Applicant Information:

Full Name:

Mailing Address:

City:

State: (Maryland, Virginia or District of Columbia)

Zip Code:

Email Address: **(Required)**

Home Phone: Work Phone: Ext.

How to Contact You:

Date of Birth: (mm/dd/yyyy)

Gender: Marital Status:

Current Insurance Company:

Policy Expiration Date: (mm/dd/yyyy)

Maryland Boater Information:

Boat	Year	Builder	Model	Vessel Type	Length
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One"/>	<input type="text"/>

Engine Information:

Boat	Year	Engine Type	Manufacturer	How Many Engines
1	<input type="text"/>	<input type="text" value="Select One"/>	<input type="text"/>	<input type="text" value="Select One"/>
2	<input type="text"/>	<input type="text" value="Select One"/>	<input type="text"/>	<input type="text" value="Select One"/>

Mooring/Storage Location

Boat	
1	<input type="text" value="Select One"/>
2	<input type="text" value="Select One"/>

What types of safety equipment is on your vessel(s)?

(check as many boxes as desired)

Boat

1 VHF Depth Finder SAT NAV Auto Halon

- EPIRB SSB GPS Radar
- Loran CO-2 Fume Detector Other
- 2 VHF Depth Finder SAT NAV Auto Halon
- EPIRB SSB GPS Radar
- Loran CO-2 Fume Detector Other

Is boat used on any private lakes?

Boat

1

2

Is this a promotional/Memo boat?

Boat

1

2

Is boat used for guide service or chartering?

Boat

1

2

Is boat used for residence?

Boat

1

2

Is boat used for waterskiing?

Boat

1

2

Is your driving record accident & violation free during the past 5 years?

If No, how many accidents? How many violations?

Boat Insurance Coverages Desired For?

(check as many boxes as desired)

Boat(s) Motor(s) Equipment Trailer

Maryland Boat Insurance Coverage Information:

	Liability	Uninsured	
Boat	Limits(x \$1,000)	Boater(x \$1,000)	Medical
1	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>
2	SAME	SAME	SAME

	Collision	Comprehensive
Boat	Deductible	Deductible
1	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>
2	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>

Any boating claims of losses to vessel(s) or from liability in the past 5 years?

Explanation of losses, including amount paid on each accident:

Additional Information:

**Information received from this Boat Insurance quote request form sent to Brown Insurance Group, will be for our use only and will not be sold, given to or distributed to any other parties. A quote will be based on the boat insurance policy information provided and does not guarantee acceptance of the risk by us. The precise coverage afforded is subject to meeting underwriting guidelines, and the terms, conditions and exclusions of the policy as issued. By submitting this request you acknowledge that this is neither an offer to insure nor a guarantee of insurance. Completion of this form does not entitle you to a Maryland Boat Insurance Policy. We are licensed in Maryland, Virginia and the District of Columbia, and will not provide quotes for other states.