

NEYMAN INSURANCE SERVICES

BOAT/PWC INSURANCE APPLICATION

Agent Information

Date: _____

Agent Name & ID: Sherry Neyman 0B63420

Agent Contact Number: (209) 836-2775

Agent Email Address: sherry@neymaninsurance.com

Applicant's Personal Information

Applicant First Name: _____ Applicant Last Name: _____

Applicant Date of Birth: _____ Applicant Gender: Male Female

Marital Status: _____ Occupation: _____

SS#: _____ Phone Number: _____

Email Address: _____ DL Status: Active Not Active

Primary Residence: Rent Home Own Home Live with Parents Other

Mailing Address: _____ City: _____ Zip Code: _____

How long have you lived at this address? _____

Attach copy of driver's license

Boat/PWC Information

Hull Identification Number: _____

Year: _____ Make: _____ Model: _____

Hull Length: _____ Hull Materials: _____

Number of Motors: _____ Total Horsepower: _____ Propulsion Type: _____

Purchase Year: _____ Maximum Speed: _____

Does Boat/PWC have an exposed engine? Yes No

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Is engine/outdrive modified to enhance performance? Yes No

Would you like to insure your trailer? Yes No

Watercraft market value (including trailer if selected above): _____

Are you the original owner? Yes No Storage/Mooring zip code: _____

Boat/PWC kept at residence on off season? _____

If not, where? _____

Where is Boat/PWC kept during boating season? _____

Boat/PWC Use: Pleasure Use Exclusively Racing/ Speed Contests- Sail Only

Business/ Commercial use Rented or leased to others

Live Aboard/ Primary Residence

Multi-Owner: Yes No

Lienholder: _____ Additional Interest: _____

Household Members

Anyone (regardless of age) who operates the watercraft more than 4 times per year must be listed as an insured driver.

First/Last Name	Relationship to Insured	Marital Status	DOB & SSN	Years Boating Experience	Approved Safety Course Completion	DL # and Status

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Has the Named Insured had Boat liability insurance in the last 12 months? Yes No

Have you included all operators required to be listed within the Household Members section of the quote? Yes No

Association Name: US Power Squadron USAA Member USCG Auxiliary

Accidents/Violation History

Incident Date	Description of Incident

Additional Questions

Apply Paperless and accept documents and bills delivered through email? Yes No

Primary Residence:

Own Home/Condo Own Manufactured Home Rent Live with Parents Other

Multi- Policy Discount:

Do you have any existing policies with Farmers or Progressive?
