

North American Insurance Agency of Louisiana, Inc.

2255 North Highway 190

Covington, LA 70433

(800) 229-2789

(985) 871-5480

Fax: (985) 871-5490

Watercraft Quote

Personal Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Night Phone:** _____

Best Time To Call: AM / PM / Any Time (circle one)

Email Address: _____

Occupation: _____

How Long At Current Job: _____

Current Watercraft Insurance Information

Do You Presently Have Watercraft Insurance? Yes No

If Yes,
Company Name: _____

Policy Expiration Date: _____ **Premium Amount:** _____

Amount Insured For: _____

Watercraft Information

WATERCRAFT#1

Model: _____ **Manufacturer:** _____

Type of Watercraft: _____ **Year Built:** _____

Construction: _____ **Hull Material:** _____

Length: _____ **Value of Watercraft:** _____

of Motors: _____ **Motor Manufacturer:** _____

Type of Motor: _____ **HP:** _____

WATERCRAFT#2

Model: _____ **Manufacturer:** _____

Type of Watercraft: _____ **Year Built:** _____

Construction: _____ **Hull Material:** _____

Length: _____ **Value of Watercraft:** _____

of Motors: _____ **Motor Manufacturer:** _____

Type of Motor: _____ **Horse Power:** _____

Driver Information

DRIVER#1

Driver's Name: _____

Driver's License Information:

DL#: _____ State: _____ Years Licensed: _____

Relation: _____ Date of Birth: _____ Sex: _____

Marital Status: _____

Courses Completed Last 3 Years:

Boating Course: Yes No

Accident Prevention: Yes No

DRIVER#2

Driver's Name: _____

Driver's License Information:

DL#: _____ State: _____ Years Licensed: _____

Relation: _____ Date of Birth: _____ Sex: _____

Marital Status: _____

Courses Completed Last 3 Years:

Boating Course: Yes No

Accident Prevention: Yes No

DRIVER#3

Driver's Name: _____

Driver's License Information:

DL#: _____ State: _____ Years Licensed: _____

Relation: _____ **Date of Birth:** _____ **Sex:** _____

Marital Status: _____

Courses Completed Last 3 Years:

Boating Course: Yes No

Accident Prevention: Yes No

Driver History

Please list *any* convictions for *any* driver convicted of moving traffic violations in the past 3 years.

<u>Driver</u>	<u>Date</u>	<u>Type of Conviction</u>	<u>Fines</u>
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1)

2)

3)

Please list *any* who has had license suspensions, revocations, or DUI convictions below.

<u>Driver</u>	<u>License Suspended or Revoked</u>	<u>DUI Conviction For</u>	
1)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs
2)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs
3)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs

Please list *any* driver involved in accidents, regardless of fault, in the past 5 years.

<u>Driver</u>	<u>Date</u>	<u>Description</u>	<u>Cost</u>	<u>Fines</u>	<u>Injuries</u>	<u>At Fault?</u>
1)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Additional Information

Please list any additional information or comments below