

## INSURANCE Management Group

## IMG Watercraft Questionnaire

Referred by					
Name				DOB	
Name				DOB	
Phone		e	mail		
Address					
Mailing address					
Watercraft					
Year		Make		Model	
Propulsion type	Outboard Inbo	ard	# (	of Motors	
Hull material	Aluminum Fi	berglass		Hull ID#	
Horsepower			Max Speed		
Length			Value		
Deductible			Liability limits		
Lienholder:					
Motor					
Year		Make		Model	
Serial #			Horsepower		
Engine type:	☐Gas ☐Diesel		Value		
Deductible			Liability limits		
Trailer					
Year		Make		Model	
Serial #			Value		
Boat towing	□Yes □No				
Fishing Equipment	(limit)				

Boat operators								
Name		DOB	DL#					
Name		DOB	DL#					
Safety Course Credit Yes No								
Years Boating Experience								
Accidents								
Violations								

Expiration Date

Current Insurance