

Name		Work Ph#		Taken By	
Address		Home Ph#		Date Quoted	
City, State & Zip		Cell Ph#		Best Time to Call	
County		Email		Referral From	
Present Co.		Present Premium		Renewal Date	
Full Name Driver #1			Date of Birth		SSN#
Drivers License #		Good Student Discount	<i>Yes</i>	Safety Course?	<i>Yes</i>
			<i>No</i>		<i>No</i>
		Years of Boating Experience		Years of Ownership	
				Club Member (What Club)	<i>Yes</i>
					<i>No</i>
Married	Separated	Single		Accidents last 5 Years (Date/Fault/Amount)	
Tickets last 5 Years (Date/s)					
Boat #1 Inrnformation		Make		Boat #2 Inrnformation	
Year		Model		Year	
Date Bought		Cost of Boat		Date Bought	
Cost of Trialer		Hull Material		Cost of Trialer	
Hull Material				Hull Material	
Horse power		Does the boat have an exposed engine?		Does the boat have an exposed engine?	
		<i>Yes</i>		<i>Yes</i>	
		<i>No</i>		<i>No</i>	
Propulsion Type		Number of Motors		Propulsion Type	
Custom Parts		Used for Racing?		Custom Parts	
Used for Racing?				Used for Racing?	
Used for Racing?				Used for Racing?	
Modified for enhanced performance?			Modified for enhanced performance?		
How is it used		<i>Pleasure</i>	<i>Rent</i>	<i>Business</i>	
How is it used		<i>Pleasure</i>	<i>Rent</i>	<i>Business</i>	
What is the maximum speed?			What is the maximum speed?		
Do you live onboard?			Do you live onboard?		
Multi-Owner?			Multi-Owner?		
Bodily Injury, Property Damage, and Uninsured Underinsured Limits		Personnel Injury Protection		Bodily Injury, Property Damage, and Uninsured Underinsured Limits	
		Idle Assisted Steering?		Idle Assisted Steering?	
		<i>Yes</i>		<i>Yes</i>	
		<i>No</i>		<i>No</i>	
Comp		Liability or Full Coverage		Comp	
		<i>Liability</i>		<i>Liability</i>	
		<i>F/C</i>		<i>F/C</i>	
Rental		Towing		Rental	
Towing				Towing	
Miscellaneous			Miscellaneous		

Please Print

**BOAT QUESTIONNAIRE**

*The more information you provide,  
The more accurate the quote.*

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Do you rent or own your home/apt?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Who is current HOME insurance with & Renewal Date	Any Smokers in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is current AUTO insurance with & Renewal Date		Liability amount on your home & cars		
May I run a credit history?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Signature:		

\*Your signature is not needed if received via your email address.

Notes:

Daniel Cotroneo  
1043 Grand Ave. #272  
St. Paul, MN 55101

Office: 1-888-808-3524  
FAX 651-472-9952

Email: [dan@cotroneo.net](mailto:dan@cotroneo.net)  
Web: [WWW.COTRONEO.NET](http://WWW.COTRONEO.NET)

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