



boat insurance

quote sheet

PLEASE FAX BACK TO **(03) 9817 2055**

Name: _____

Company: _____

Address: _____

Postal Address: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____

Insured Name Policy is to be held in: _____ Date of Birth of Insured: _____

HULL DETAILS

Make/Model: _____ Year of Manufacture: _____

Registration No.: _____ Serial No.: _____

Length in meters: _____ Max Speed: _____

Type: Runabout Jetski Cruiser Catamaran

Construction: Fibreglass Timber Aluminium

Date Purchased: _____ Purchase Price:\$ _____ Current estimated value: \$ _____

MOTOR DETAILS

Make: _____ Serial No.: _____ Year of Manufacture: _____

H/P: Petrol Diesel Inboard Outboard Mid Mount Rear Mount

Sum Insured/Value: \$ _____

YACHT/RIGGING

Mast Type: Masthead Fractional

No of Spreaders: _____

Construction: Aluminium Wood Fibreglass Other

Sum Insured/Value:\$ _____

ACCESSORIES (*dinghies, radios, navigational aids, oars, motor covers, fire extinguishers etc.*)

Item	Sum Insured
1.	
2.	
3.	

