

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

Personal Watercraft Quote

Phone: (903) 537-2819
Toll-Free: 1-888-869-4904
Fax: 1-888-475-4437

Name:			Telephone:		
Address:			Bus. Telephone:		
City:	State:	Zip:	Other Phone:		
Employer:		County:	Email Address:		

In order to provide the best price available to you, we need the following information on all drivers. This is strictly used for quoting your insurance program. Once your quote is complete, the information is destroyed within approximately 15 days. All information is strictly confidential and is destroyed by shredding before being discarded.

List of Drivers

Full Name of Driver (s)	Marital	Gender	Social Security #	Drivers License #	Date of Birth
1.	Y N	M F			
2.	Y N	M F			

Please provide **detail of any citations, accidents or comp claims in the past 36 months**. Please provide details: _____

Boat Insurance for past (2) years and whom (current carrier): _____

Loss and Insurance History (list all automobile, traffic and boat violations, license suspensions, and all accidents for each operator.)

Date	Name of Operator	Description Accident/Convictions	Amount Paid

Personal Watercraft Description:

Unit #1

Model year: _____ Length: _____ Mfg. _____ Model: _____ Horsepower: _____ # CC's _____

Unit #2

Model year: _____ Length: _____ Mfg. _____ Model: _____ Horsepower: _____ # CC's _____

Purchase Price: \$ _____ Date Purchased ____/____/____ Current Market Value (Insuring value): \$ _____

Any existing or prior damage to vessel? ___ Yes ___ No If Yes, please explain: _____

Insurance Coverage Requested

Bodily Injury/Property Damage Liability	\$ _____	\$15,000 \$25,000 \$50,000	Coverage Desired: Yes NO
Watersports Liability Coverage	\$ _____	\$15,000 Combined Single Limit	Coverage Desired: Yes NO
Medical Payments	\$ _____	\$1,000 \$2,500	Coverage Desired: Yes NO
Comprehensive Deductible	\$ _____	\$250	Coverage Desired: Yes NO
Collision Deductible	\$ _____	\$250	Coverage Desired: Yes NO
Trailer Coverage	YES NO	Value: \$ _____	Coverage Desired: Yes NO

NOTICE: As a part of our underwriting process for all applicants, to provide you with an accurate premium amount, we have asked a series of questions, some of which are confirmed through consumer reports, which may include credit information. If this is acceptable and the form is completed in its entirety, please sign and date as acceptance of these terms and conditions.

Signed: _____ Date: _____