



# Personal Watercraft Quote Request

Fax to **1-888-767-0826**  
email to **gga@thehelpfulpeople.com**

**Please send the quote back to my office via:**

☐ Fax ☐ E-mail

☐ I am interested in a Personal Umbrella for this customer.

Requested Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Customer Name	
Location Address	City, State, Zip
Mailing Address	City, State, Zip
Agency Code	Agency Fax
Agency Name	Agency Phone
Agent Name	Agent E-mail

## List All Operators

Last Name	First Name	Date of Birth	Married?	Years of Boat ownership
		__ / __ / __	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		__ / __ / __	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		__ / __ / __	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		__ / __ / __	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**List all Accidents, Violations and Losses for each Operator. Include Date, Type and Amount of each event.**

Operator 1
Operator 2
Operator 3
Operator 4

Unit #1		Unit #2		Coverages	Requested Limits
Type	<input type="checkbox"/> Jet Ski <input type="checkbox"/> Mini-Jet Boat	<input type="checkbox"/> Jet Ski <input type="checkbox"/> Mini-Jet Boat		Liability	<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> <b>\$500,000*</b>
Year				<b>*Umbrella required</b>	
Make				Uninsured Boat Owner's Liability	<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> <b>\$500,000*</b>
Model				<b>*Umbrella required</b>	
Length (Under 16')				Water Sports Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engine Size (cc)				Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
# of owners				Hull Coverage	<input type="checkbox"/> None <input type="checkbox"/> ACV
Location Zip Code				Hull Deductible	<input type="checkbox"/> \$250 <input type="checkbox"/> \$300 <input type="checkbox"/> \$350 <input type="checkbox"/> \$500
Location County				Theft Deductible	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
Currently Insured?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No		Machinery Damage Exclusion Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*Expiration Date:	*Expiration Date:		Accessories	
Trailer Make				Trailer Value	
Trailer Model				Trailer Deductible	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500
Trailer Length					

**APPLICATIONS MUST BE PROCESSED ELECTRONICALLY. PLEASE PROCESS ON-LINE OR CALL GRAND GENERAL TO DO SO AFTER QUOTE IS RECEIVED!**