



Chubb Recreational Marine Insurance Quote Request Form

(to be used for new business quotes and adding new watercraft to an existing policy)

Coverage Requested Type:

Masterpiece Select
(broadest option)

Masterpiece Standard

Note: This form must be filled out in its entirety in order to receive a valid quote.

New Policy. If the client has other Chubb PRS policies, please list _____

Add to existing policy _____ Effective Date _____

Coverage Comparison Guides: [Masterpiece Boat Select & Masterpiece Boat](#)
(watercraft 35' and less)

[Masterpiece Yacht Select & Masterpiece Yacht](#)
(watercraft 36' and greater)

Agency/Producer Information

Agency Name: _____ Producer Code: _____

Contact Name: _____ Phone Number: _____

Email: _____

Signing Producer Name: _____ Signing Producer License #: _____

Applicant/Client Information

Requested Effective Date: _____

Source of Business: Direct Applicant Brokered

Insured/Client Name: _____

Boat Titled to: Personal Name or LLC/Other _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ SSN: _____

Email: _____

Check box to select one

Marital Status: Married Single Separated Divorced Domestic Partnership Widowed

Owner's Resident Status: Own Rent Other

Multiple Unrelated Owners/
LLC Members: Yes No If yes, how many? _____

Claims/Losses in Last 5 years: Yes No If so, provide date, description, and payout _____

Operator Information

Primary Operator Name: _____ Date of Birth: _____

Total Prior Boat Ownership (years): _____

Prior Ownership History (size, type/manufacturer, years owned): _____

Prior Operating Experience (if different than ownership history): _____

Training Courses: _____

MVR accidents and moving violations in past 5 years: _____

Other Operators: _____

Any operators without an automobile drivers license and/or 16 years old or younger Yes No

Vessel Information

Year Built: _____ Manufacturer: _____ Model: _____

Vessel Length (feet): _____ Max Speed (mph): _____ Hull Type: Single Hull Multi Hull

Vessel Type: Personal Watercraft Power Sail with engine Sail without engine Pontoon/Tritoon Houseboat
 Non-powered small craft Other _____

Charter or Commercial Use: Yes (if yes, describe charter type and number of days annually) _____
 No

Safety Equipment: Built-in Fire Extinguisher Fume Detector
 Alarm/Monitor/Tracking System - If checked, please describe: _____
 Other - If checked, please describe: _____

Hull Material: _____ Hull ID: _____ Engine Serial Number: _____

of Paid Crew: _____ Purchase Price: _____ Purchase Date (month/year) _____

Mooring/Storage Location (City, State, Zip) for June-November: _____

Lay-Up Period (vessels 27' and greater): From : _____ To: _____ Afloat Ashore

Requested Navigation Area: _____

Engine Information

Engine Type: Outboard Inboard Inboard/Outboard Jet Other - If other, please describe _____

Fuel Type: Gas/No fume detector Gas/fume detector Diesel Other - If other, please describe _____

of Engines: _____ Manufacturer: _____ Year Built: _____

Vessel Horsepower – Each Engine: _____ Personal Watercraft – CC: _____

Coverage Limits

Property Damage/Hull (including engines and tenders): _____ Liability/P&I: _____

Personal Property: _____ Trailer: _____

Deductible: 1% 2% 3% 4% 5%

Current Coverage

Current Insurance Company: _____

Current Premium: _____ Effective Date: _____

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