



FAX TO: 209-466-4515

BOAT/YACHT INSURANCE FORM

PLEASE FAX THIS COMPLETED FORM ALONG WITH YOUR CUSTOMER'S PURCHASE ORDER

SENT BY: \_\_\_\_\_ DEALERSHIP: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER / BEST CONTACT#: \_\_\_\_\_ CELL: \_\_\_\_\_

CUSTOMER E-MAIL: \_\_\_\_\_

QUOTE ONLY  \*ISSUE POLICY Effective Date: \_\_\_\_\_

\*NOTE: By requesting coverage, an annual policy will be issued. Temporary insurance is against the state insurance laws.

COMPLETED PURCHASE ORDER MUST BE ATTACHED.

DRIVER INFORMATION	NAME	SEX	MARRIED/SINGLE	DATE OF BIRTH	DRIVER'S LICENSE # / STATE
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S		
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S		

MUST BE COMPLETE TO BIND!

Name of Lender: \_\_\_\_\_

Yrs. Operating Experience: \_\_\_\_\_

Described Type of Vessels Owned and/or Operated: \_\_\_\_\_

WHAT PAYMENT OPTION WOULD YOU PREFER?

- Full Annual Premium
- 50% Upon Receipt of Policy and the Balance Due in 30 Day (You Will Receive an Invoice for the Balance)
- Premium Finance (25% Down Upon Receipt of Policy and the Balance in Three Consecutive Monthly Payments. **Finance Charge is Applied**)

Invoice Customer  
 Charge Credit Card  
\$5.00 Per Transaction Fee applies

A Westmar Marine Representative will contact you directly to discuss your tailored marine coverages and answer any questions you may have.

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name as Shown on Card \_\_\_\_\_

Zip Code \_\_\_\_\_

**Name must appear exactly as it does on card.**

WESTMAR  
TOLL FREE 800-252-9597  
FAX 209-466-4515  
Lic. No. 0642740

Customer Signature \_\_\_\_\_