

Homeowners – Quote Request Form

Contact Person:		Phone Number:					
Name Insured 1:		Date of Birth:		Occupation:		Company:	
Name Insured 2:		Date of Birth:		Occupation:		Company:	

Policy Characteristics

Effective Date:	<input type="checkbox"/> Today's Date	<input type="checkbox"/> Other:					
Location:							
City:		State:		Zip Code:			
Dist. to Hydrant:	<input type="checkbox"/> Less than 1,000 ft	Dist. to Fire Station:	<input type="checkbox"/> Less than 5 Miles				
Type of Policy:	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Condo	<input type="checkbox"/> Tenants	<input type="checkbox"/> Dwelling Fire (Tenant Occupied)	<input type="checkbox"/> Dwelling Fire (Owner Occupied)		
Dwelling Limit:							

Risk Property Details

Construction Type:	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry-Veneer	<input type="checkbox"/> Masonry Non-Combustible	<input type="checkbox"/> Fire-Resistive	<input type="checkbox"/> Other:		
Year Built:		Renovation Year:		Roof Type:				
Occupancy Type:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Rented to Others				
Year Of Updates	Roof:	Plumbing:	Electrical:	Heating:				
Home Conditions:	<input type="checkbox"/> Vacant (Unoccupied & Unfurnished)			<input type="checkbox"/> Under Construction				

Insured 5 Year Loss History at Risk Location (Include both chargeable and non-chargeable losses)

	Date of Loss	Amount of Loss (\$)	Description
Loss 1			
Loss 2			
Loss 3			

Please attach any additional losses to this form

Protective Devices

Select protection features of the risk location:			
Full Sprinkler System	24 Hour Caretaker	Gated Patrol Service	Gated Community
Temp Monitoring System	Back up Generator	24/7 security Guard	
Guarded/Gated Community	EQ Shutoff Valve		
Burglar Alarm Type:	<input type="checkbox"/> Local	<input type="checkbox"/> Direct	<input type="checkbox"/> Central
Fire Alarm Type:	<input type="checkbox"/> Local	<input type="checkbox"/> Direct	<input type="checkbox"/> Central
Water Leak Detection Type:	<input type="checkbox"/> Valve Only <input type="checkbox"/> Valve & Alarm		
Lightning Protection Type:	<input type="checkbox"/> Lightning Only <input type="checkbox"/> Whole House Circuit Breaker System		

Requested Variable Limits

Limit	Base Limit	Requested Limit if Other Than Base			
Other Structures	20% of Dwelling				
Personal Property	Varies by State	<input type="checkbox"/> 50% of Dwelling	<input type="checkbox"/> 70% of Dwelling	<input type="checkbox"/> Other: \$	or %
Loss of Use	Unlimited				
Personal Liability		<input type="checkbox"/>	<input type="checkbox"/>		
Medical Payments					
Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other:
Wind/Hail/Hurr Ded.:	<input type="checkbox"/> None	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%

Additional Policies

<input type="checkbox"/> Auto	<input type="checkbox"/> Excess	<input type="checkbox"/> Collections	<input type="checkbox"/> Other Home—If yes, since when:
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Additional Notes:

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Automobile –Quote Request Form

Driver Information

#	Name	Sex	Marital Status	Date of Birth	Date of 1 st Licensed	Driver License #	DL State
1		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
2		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
3		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
4		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
5		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
6		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				

Driver Information (Additional Information – Match Driver Number below to table above)

#	Driver Status	Full-Time Student (100+ Mi. from Home)	Good Student Discount Eligible	License Suspended / Revoked in Last 5 Yrs	Driver Course Discount
1	<input type="checkbox"/> Active <input type="checkbox"/> Excluded	<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 No – If Yes, Course Date:
2	<input type="checkbox"/> Active <input type="checkbox"/> Excluded	<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 No – If Yes, Course Date:
3	<input type="checkbox"/> Active <input type="checkbox"/> Excluded	<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 No – If Yes, Course Date:
4	<input type="checkbox"/> Active <input type="checkbox"/> Excluded	<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 No – If Yes, Course Date:
5	<input type="checkbox"/> Active <input type="checkbox"/> Excluded	<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 No – If Yes, Course Date:
6	<input type="checkbox"/> Active <input type="checkbox"/> Excluded	<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 No – If Yes, Course Date:

5 Year Accident & Violation History (Please attach any additional losses to this form)

Driver Involved (List #)	Date of Accident or Violation	Amount of Loss (\$)	Description (including whether bodily injury, physical damage, or both resulted)

Vehicle Information

#	Make & Model	Year	VIN Number	Purchase Year	Garaging Zip	Principal Driver (List #)	Annual Mileage	Vehicle Use (Check 1)				
								Pleasure	Commuter	Business	Farm	Full and/or Roadside?
1								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Policy Level Coverages (Please fill in as appropriate per state availability)

Liability Limits (Please fill in BI/PD or CSL)					
Bodily Injury (BI)	Physical Damage (PD)	Combined Single Limit (CSL)	Medical Payments	Personal Injury Protection (PIP)	Uninsured/Underinsured Motorists (UM/UIM)

Vehicle Level Coverages (Match Vehicle Number below to table above)

#	Agreed Value	Comprehensive Deductible	Collision Deductible
1			
2			
3			

#	Agreed Value	Comprehensive Deductible	Collision Deductible
4			
5			
6			

Collections & Excess –Quote Request Form

Please use same producer and named insured information as listed for home					
Producer Name:		Producer Code:			
Contact Person:		Phone Number:			
Name Insured 1:		Date of Birth:		SSN:	
Name Insured 2:		Date of Birth:		SSN:	

Collections*

Collections – Please enter the total limit for each collections class below:

Description	Scheduled Limit	Blanket Limit	Description	Scheduled Limit	Blanket Limit
Jewelry			Golf Equipment		
Cameras			Personal Computers		
Coins			Miscellaneous		
Musical Instruments			Silverware		
Collectibles			Stamps		
Fine Arts					
Wine					
Antique Furniture					
Furs					
Guns					

*If you decide to issue, please attach a schedule detailing the description and values of the items being scheduled.

CA Only: Please fill out the following sub-classes for Collectibles

Description	Scheduled Limit	Blanket Limit
Collectibles - EQ Included		
Collectibles - EQ Excluded		
Collectibles - 10% EQ Deductible		

Excess

Excess Limits

Excess Limit:	<input type="checkbox"/> \$1M	<input type="checkbox"/> \$2M	<input type="checkbox"/> \$5M	<input type="checkbox"/> \$10M	<input type="checkbox"/> Other:	
UL/UII Limit:	<input type="checkbox"/> \$1M	<input type="checkbox"/> \$2M	<input type="checkbox"/> \$5M	<input type="checkbox"/> \$10M	<input type="checkbox"/> Other:	

General Information

Insured Occupation:	<input type="checkbox"/>	Insured's Employer:	<input type="checkbox"/>
Spouse Occupation:		Spouse's Employer:	

Watercraft – Quote Request Form

<input type="checkbox"/> Please use same producer and named insured information as listed for home			
Producer Name:		Producer Code:	
Contact Person:		Phone Number:	
Name Insured 1:		Date of Birth:	SSN:
Name Insured 2:		Date of Birth:	SSN:
Effective Date:			
Other Policies:	<input type="checkbox"/> Homeowners	<input type="checkbox"/> Auto	

Operator Information

#	Name	Sex	Marital Status	Date of Birth	Experience (Years)	Safety Course Discount
1		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married			<input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, Course Date:
2		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married			<input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, Course Date:
3		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married			<input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, Course Date:
4		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married			<input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, Course Date:
5		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married			<input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, Course Date:
6		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married			<input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, Course Date:

Insured 3 Year Loss History

	Driver #	Date of Loss	Amount of Loss (\$)	Description
Loss 1				
Loss 2				
Loss 3				

Please attach any additional losses to this form

Liability Limit	Medical Payments	Uninsured Watercraft
<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other: _____

Watercraft Information

	Watercraft #1	Watercraft #2	Watercraft #3
Watercraft Name:			
Manufacturer:			
Model Name/No.:			
Year:			
Length:			
Max Speed:			
Drive Type:	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Waterjet <input type="checkbox"/> Sail <input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Waterjet <input type="checkbox"/> Sail <input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Waterjet <input type="checkbox"/> Sail <input type="checkbox"/> Inboard/Outboard
Hull/Craft Type:	<input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Open Cockpit <input type="checkbox"/> Sailboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Bass <input type="checkbox"/> Personal <input type="checkbox"/> WC Ski <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Open Cockpit <input type="checkbox"/> Sailboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Bass <input type="checkbox"/> Personal <input type="checkbox"/> WC Ski <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Open Cockpit <input type="checkbox"/> Sailboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Bass <input type="checkbox"/> Personal <input type="checkbox"/> WC Ski <input type="checkbox"/> Other: _____
Hull ID Number:			
Hull Material:	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal <input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal <input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal <input type="checkbox"/> Wood
Waters Navigated:			
Mooring State:			
Agreed Value:			
Trailer Value:			
Deductible:	Value <=\$50,000 Value >\$50,000 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> 1% <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> 2% <input type="checkbox"/> \$2,500 <input type="checkbox"/> 3%	Value <=\$50,000 Value >\$50,000 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> 1% <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> 2% <input type="checkbox"/> \$2,500 <input type="checkbox"/> 3%	Value <=\$50,000 Value >\$50,000 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> 1% <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> 2% <input type="checkbox"/> \$2,500 <input type="checkbox"/> 3%

Homeowners – Quote Request Form

Issuance Supplement

The following information is required before a quote can be issued. Please submit this information along with the quote you would like to issue as a policy. The additional underwriting questions may result in further review for eligibility.

Mailing Address

<input type="checkbox"/> Same as Risk Address					<input type="checkbox"/> Other – If chosen, please fill out the information below:				
Name:									
Address:									
City:				State:		Zip Code:			
Loan #:									

First Mortgagee Information

Name:									
Address:									
City:				State:		Zip Code:			
Loan #:									

Second Mortgagee Information

Name:									
Address:									
City:				State:		Zip Code:			
Loan #:									

Other Interests/Insureds:

Type of Interest (i.e. Loss Payee, Trust, etc):									
Name:									
Address:									
City:				State:		Zip Code:			
Loan #:									

Payor Information

<input type="checkbox"/> Insured – Use Mailing Address					<input type="checkbox"/> First Mortgagee					<input type="checkbox"/> Second Mortgagee				
Other – If chosen, please fill out information below:														
Name:														
Address:														
City:				State:			Zip Code:							
Inspection Contact					Cell					Email				

Underwriting Questions

Has any coverage been declined, cancelled, or non-renewed during the last 3 years? (Do not answer for MO applicants)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant had a foreclosure, repossession, bankruptcy, or filed for bankruptcy during previous 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant had a judgment or lien during the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other residence, not listed on any application, owned, occupied or rented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any business conducted on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any major renovations to the home in the last 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any flooding, brush, forest fire or landslide hazard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CA Only: If the home was built prior to 1940, has it been retrofitted to mitigate against earthquake damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Billing Information:

Direct Bill Insured Mortgagee

Desired Payment Due Date ____ / ____ / ____

Automobile – Quote Request Form

Issuance Supplement

The following information is required before a quote can be issued. Please submit this information along with the quote you would like to issue as a policy.

Finance Company Information

Name:				
Address:				
City:	State:	Zip Code:		
Loan #:				

Leasing Company Information

Name:				
Address:				
City:	State:	Zip Code:		
Loan #:				

Other Interests/Insureds:

Type of Interest (i.e. Loss Payee, Trust, etc):				
Name:				
Address:				
City:	State:	Zip Code:		
Loan #:				

Underwriting Questions

With the exception of any encumbrances, are any vehicles not solely owned by and registered to the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any car modified/special equipment? (Incl customized vans/pickups; indicate cost)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any existing damage to vehicle? (Include damaged glass)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other losses incurred (not shown in the Accident/Conviction area)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any car kept at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any car parked on street?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other insurance in household? (Include any provided by employer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other insurance with this company? (List policy number)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any household member in military service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any drivers license been suspended/revoked?	Yes	No
Any coverage declined, cancelled, or non-renewed during the last 3 years?	Yes	No

Billing Information:

Direct Bill Insured Mortgagee

Desired Payment Due Date ____ / ____ / ____

Excess – Quote Request Form

The following information is required before a quote can be issued. Please submit this information along with the quote you would like to issue as a policy.

Real Estate Information (List all properties whether owned, leased, occupied, rented, or vacant)

#	Address	Tenant Occupied		Farm Property	
1		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach any additional properties to this form

Automobile Information (List all autos whether owned, leased, or furnished for regular use. Also, include any recreational vehicles)

<input type="checkbox"/> Use same vehicles as auto						
#	Make & Model	Year	Underlying Liability Limit	Licensed	Recreation Vehicle	Collector Auto
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any additional autos to this form

Watercraft Information:

#	Manufacturer	Model	Year	Length	Max Speed	Cost New (\$)	Current Value (\$)	Underlying Liability Limit
1								
2								
3								

Please attach any additional watercraft to this form

Driver Information:

<input type="checkbox"/> Use same drivers as auto							
#	Name	Sex	Marital Status	Date of Birth	Date of 1 st Licensed	Driver License #	DL State
1		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
2		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
3		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
4		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
5		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				
6		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married				

Please attach any additional drivers to this form

Watercraft – Quote Request Form

Additional Watercraft Information

Underwriting Questions:

	Watercraft #1		Watercraft #2		Watercraft #3	
Is the boat chartered to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the boat used commercially or for business purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the boat used for racing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the boat used for waterskiing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the boat have sleeping facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any existing damage to the boat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the boat used as a primary residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any additional owners not listed as the Named Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No