

Boat Protector Supplemental Underwriting Checklist

Yes	No	
___	___	Do we insure your Home, Auto or do you have a PCL with us?
___	___	If we have your HOME, do you have/want IDENTITY THEFT coverage? ___ (Client Initials)
___	___	Is your Boat owned, leased, titled or insured by anyone other than you?
___	___	Are all licensed drivers listed on your Boat Protector policy?
___	___	Does your Boat have any customized equipment, such as radar system, ship to shore radio, etc.?
___	___	Do you wish to Increase for Uninsured Boat Protection?
___	___	Do you wish to Increase for Emergency Services?
___	___	Do you wish to Increase for Personal Effects?
___	___	Do you wish to Increase for Spars and Sails Extensions?
___	___	Have you attended a Safety or Navigational Course?
___	___	Do you have previous boating experience?
___	___	Do any members of your household have any past claims or violations?
___	___	Have you experienced any life changes(marriage, children, new job, job loss, divorce, etc. Your Life Insurance needs may have changed, can I quote you?) _____ (Client Initials)
___	___	CLIENT EMAIL ADDRESS: _____

COMMENTS:

Signature of Client _____

Date _____

Parent/Guardian Signature
(if client is under age 18) _____

Date _____

Signature of Agent _____

Date _____