



Coronation

Insurance Agencies Ltd.

1486 PRAIRIE AVE
PORT COQUITLAM, BC V3B 5M8

KWIK QUOTE FAX FORM

TO: **Coronation Insurance Marine Department**
FAX: **604 945-0031** TEL: **604 945-0043** TOLL FREE: **1 800-663-0676**
SUBJECT: **Marine Insurance Premium Quotation** DATE: _____

NAME:		Date of Birth:			
ADDRESS:		Occupation:			
City:		BC		Postal:	
PHONE:	HOME:		CELL:		BUS:
BOATING COURSES & EXPERIENCE		YEARS OWNER:		YEARS CREW:	
		BOAT OPERATOR CARD :		POWER SQUADRON / CYA:	
COMPLETE YEARS CLAIMS FREE (MARINE):					

VESSEL DETAILS		MARKET VALUE:		REPLACEMENT:	
BOAT YEAR / MAKE / MODEL:					
POWER OR SAIL BOAT?		LENGTH		MARINE SURVEY: (IF OVER 15 YEARS)	YES NO
O/B MOTOR VALUE:	\$	LIABILITY: 1MILLION/2MILLION		WATER-SKI/SPORTS LIABILITY: YES/NO	
MOTOR YEAR / MAKE / MODEL					
TYPE (I/O, OUTBOARD, ETC.):		GAS OR DIESEL?		DINGHY \$ TRAILER \$	
MAXIMUM SPEED:		HORSEPOWER:		BUSINESS USE OR CHARTER: Y / N	
CURRENT POLICY EXPIRY DATE:		PRESENT COMPANY:			

PLEASE COMPLETE AS MUCH OF THIS FORM AS POSSIBLE INCLUDING THE BEST WAY TO CONTACT YOU WITH A RESPONSE, AND FAX IT TO THE NUMBER LISTED ABOVE AND WE WILL REPLY ASAP. **Online form at www.coronationinsurance.com**
2008 / For Agency Use:

questions: marine@coronationinsurance.com