

(910) 485-0030 Phone

Wealth Guard Insurance Agency

2543-D Ravenhill Drive

(910) 485-1443 Fax

GeneralQuestions@WealthGuardInsurance.com

Fayetteville, NC 28303

BOAT DRIVER AND/OR VEHICLE INFORMATION

Full Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married
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BOAT INFORMATION

Year		Make & Model		VIN				
Horsepower		Length	ft.	Max Speed	mph	Number Of Motors		
Propulsion Type		Value		Year Of Motor				
Serial Number Of Motor		Manufacturer Of Motor						
Modifications (If Any)								

TRAILER INFORMATION

Make Of Trailer		Year of Trailer		Value Of Trailer	
VIN Number Of Trailer					

SPECIFIC BOAT COVERAGE

Comprehensive	<input type="checkbox"/> None <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other	Bodily Injury (BI) (Person/Accident)	<input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300
Collision	<input type="checkbox"/> None <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other	Property Damage (PD)	<input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750
Towing	<input type="checkbox"/> None <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> Other	Medical Payment (MedPay)	<input type="checkbox"/> NONE <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 5000
Rental	<input type="checkbox"/> None <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 50	Uninsured Motorist (UI) or Uninsured/Underinsured Motorist (UI/UIM)	<input type="checkbox"/> NONE <input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/200 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500
		Uninsured Motorist Property Damage	<input type="checkbox"/> NONE <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500

ACCIDENTS/VIOLATIONS - LAST 3 YEARS

Date		Description		Date		Description	
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