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Boat & Recreational Vehicle Insurance Quote Information

Date: _____

How did you hear about us? _____

Tell us about you:

Name: _____

Spouse: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Contact Me/Provide Quote Via: Phone Email Best Time to Contact: _____

Homeownership Status: Own Rent Other

of people in household: _____ # of recreational vehicles in household: _____

Tell us about your drivers:

Driver 1 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Driver 2 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Driver 3 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Driver 4 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Tell us about your current coverage:

Current insurance company: _____ How long: _____

Tell us about your Recreational Vehicles:

Vehicle 1 Type: Boat: Mobile Home Camper
 ATV Snow Mobile Other _____

Year: _____ Make: _____ Model: _____

Serial # (optional): _____ Length (optional): _____

If a Boat Type: Outboard Inboard Inboard/Outboard
 Sailboat Jet Ski Canoe

Motor(s): Value: _____ Year: _____ HP: _____ Model: _____ Serial #: _____
\$ _____

Trailer: Value: _____ Year: _____ Make: _____ Model: _____ Serial #: _____
\$ _____

Interested Coverage (optional): Comprehensive Yes Deductible: _____
Liability Only Yes Deductible: _____

Vehicle 2 Type: Boat: Mobile Home Camper
 ATV Snow Mobile Other _____

Year: _____ Make: _____ Model: _____

Serial # (optional): _____ Length (optional): _____

If a Boat Type: Outboard Inboard Inboard/Outboard
 Sailboat Jet Ski Canoe

Motor(s): Value: _____ Year: _____ HP: _____ Model: _____ Serial #: _____
\$ _____

Trailer: Value: _____ Year: _____ Make: _____ Model: _____ Serial #: _____
\$ _____

Interested Coverage (optional): Comprehensive Yes Deductible: _____
Liability Only Yes Deductible: _____

Vehicle 3 Type: Boat: Mobile Home Camper
 ATV Snow Mobile Other _____

Year: _____ Make: _____ Model: _____

Serial # (optional): _____ Length (optional): _____

If a Boat Type: Outboard Inboard Inboard/Outboard
 Sailboat Jet Ski Canoe

Motor(s): Value: _____ Year: _____ HP: _____ Model: _____ Serial #: _____
 \$ _____

Trailer: Value: _____ Year: _____ Make: _____ Model: _____ Serial #: _____
 \$ _____

Interested Coverage (optional): Comprehensive Yes Deductible: _____
 Liability Only Yes Deductible: _____

Tell us about your Boat Usage (if applying for Boat Coverage):

Where is the boat stored? _____

What type of waterways is the usage? _____

Any lienholders on the boat? _____

Any other drivers and/or youthful drivers? (not listed above) _____

Any Additional Information or Questions: _____ _____ _____ _____	Office Use:	Faxed	Emailed	Walk in
	Agent Name: _____			
Agent Email: _____				