

Hudson-Silver Agency, Inc.  
9241 Wallace Lake Road  
Shreveport, LA 71106  
(318) 686-7700  
(318) 688-2457

Referred by: \_\_\_\_\_  
Date/Time: \_\_\_\_\_

**BOAT QUOTE**

Mr. or Ms: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If so, you may be eligible for a discount.

DL # & State \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security \_\_\_\_\_

Additional Drivers:

NAME /RELATIONSHIP                      DOB/SSN                      LIC #

1. \_\_\_\_\_
2. \_\_\_\_\_

List Boat/Motor/Trailer:

YEAR              MAKE/ MODEL              VIN#                      VALUE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Material (fiberglass/metal/wood) \_\_\_\_\_ Type (bass/ski/sail): \_\_\_\_\_  
Inboard/Outboard/Both? \_\_\_\_\_ HP \_\_\_\_\_ Max. Speed \_\_\_\_\_ Coastal/Inland: \_\_\_\_\_

Coverages:

Bodily Injury: \_\_\_\_\_ Uninsured Boaters: \_\_\_\_\_

Property Damage: \_\_\_\_\_ Medical Payments: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Deductible: Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

Prior/Current Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Lienholder: \_\_\_\_\_