

Paddlesport

Risk Management, LLC

KAYAK CANOE OUTRIGGER DRAGON BOAT SUP



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A Division of Jacka-Liquori Agency, Inc

HULL INSURANCE QUOTE REQUEST

Canoe/Outrigger/Kayak/Dragon Boat/Rowing Shell

NEW Quote: _____ REQUESTED EFFECTIVE DATE _____

CHANGE REQUEST : _____ POLICY # _____

INSURED (NAME) _____

CONTACT PERSON: _____

MAILING ADDRESS _____

STREET CITY STATE ZIP

Please describe storage; moorage location and security measures

if same as mailing address, so indicate – PLEASE STATE WHAT SECURITY MEASURES ARE IN PLACE

PHONE (_____) _____ Email: _____

DRAGON BOAT/CANOES/KAYAKS/ROWING SHELLS – *Please circle type of vessel*

How will boats be used. Please check all that apply:

Club cruising/practice: Racing: If racing, will boats be transported over land: YES NO

ALL INFORMATION BELOW MUST BE PROVIDED. WE CANNOT GET A QUOTE WITHOUT IT. I

If the vessel/s do not have serial numbers please create and assign one to each vessel.

VESSEL	COST TO REPLACE*	MAKE/ MODEL	DATE PURCHASED	SERIAL # Name of Vessel	YEAR BUILT	MATERIAL	LENGTH
1							
2							
3							
4							
5							
6							
7							
8							

if more than 8 vessels please use separate sheet

REPLACEMENT COST OF EQUIPMENT NOT INSTALLED IN ANY VESSEL, LIKE PADDLES, COVERS, PFDs, DRINKING SYSTEMS: _____

At least 3 REGULAR USERS – MUST ANSWER

NAME	DOB	Years Experience

TRAILERS

COST TO REPLACE	MANUFACTURER	SERIAL # or Vin#

Waters where vessel(s) will be used primarily: _____

Do you/have you had insurance coverage within past 3 years. Y N

If yes: Name of insurance Company: _____ Effective Date: _____

DESCRIBE IN DETAIL ANY LOSS(ES) IN THE PAST THREE YEARS: (If any)

Include date of loss, what happened, how much insurance company paid. Use separate sheet if necessary

PLEASE NOTE: This coverage is for physical damage only and will not include liability.

SUBMIT APPLICATION: *(Allow at least 3 business days for quoting)*

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Mail: To address top of page 1

ANY QUESTIONS PLEASE CALL: (631) 269-9696

APPLICANT'S SIGNATURE _____ **Date:** _____

Designation if a club/association: _____