

Global Marine Insurance
 12935 S. West Bayshore Dr, Ste 205
 Traverse City, MI 49684
 (305) 450-5648
 (800) 748-0224 Ext 4090
 Fax (231) 947-4407



**GLOBAL
 MARINE
 INSURANCE
 AGENCY**

INSURANCE FORM

Ocean Blue Yacht Sales

Russ Rykse

561-512-1614

russ@oceanblueyachtsales.com

Date:		Client Name:					
Work Phone:			Home Phone:			Cell Phone:	
Address:							
Fax #:			Email Address:				
Vessel Yr:		Length:		Manuf:		Model:	
Engines:	No.	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel		Mfg:		HP/ea:	
Yrs Exp:		Boats Owned:			Courses: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Capt.		
DOB:		Use: <input type="checkbox"/> Pleasure <input type="checkbox"/> Charter <input type="checkbox"/> Occ Charter: # per year					
Mooring:							
Lay up:			Nav:	mos. / from ____ to ____		<input type="checkbox"/> Ashore <input type="checkbox"/> Afloat	
Navigation Territory:							
Survey:	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> In/Wtr <input type="checkbox"/> Out/Wtr		Dated:	Losses: <input type="checkbox"/> No <input type="checkbox"/> Yes \$	
Dinghy: \$		Descr:			Trailer: \$		Descr:
Hull ID:				MVR:			
Purchase Price: \$		Closing Date:		Purch. Date:		Current Value: \$	
Current Carrier:				Exp Date:			
Notes:							

Owner Signature:					Date:		
<input type="checkbox"/> Customer verbally approved to salesperson. Salesperson name:					Date:		

*Please fax completed form to (231) 947-4407
 or Email to mrod@globalmarineinsurance.com*