



Name(s): _____ Date: _____

E-Mail Address: _____

Contract Mailing Address: _____

Local Address: _____

Phone(s): (C) _____ (H) _____ (W) _____

Boat Name: _____

Make: _____ Model: _____ Year: _____

LOA: _____ Beam: _____ Draft: _____

Cruising Frequency: Often Occasionally Rarely Never

Power: 30Amp 30Amp x 2 50Amp 110 Volt

For Office Use:

Insurance Information: _____

Vehicles & Plates: _____