



INFORMATION SHEET

CUSTOMER INFORMATION

Name: _____

Spouse's Name: _____

Mailing Address: _____

**** Current Insurance Certificate is REQUIRED!****

Insurance Company: _____

Policy #: _____

Policy Expiration Date: _____

VESSEL INFORMATION

Vessel Name: _____

Sail or Power?: _____

Co-Owner: _____

Length Over All: _____

Beam: _____

Draft: _____

Height: _____

Manufacturer: _____

Model: _____

Mfr. Year: _____

Registration #: _____

HIN: _____

Hull Color: _____

#/Length of Spars: _____

Key Location: _____

Combination: _____

Dock Locker #: _____

E-Mail: _____

Note: Your account will be set up for paperless billing with the email address provided, unless otherwise noted. If you prefer to receive statements and invoices in the mail, please check here:

Home Phone#: _____

Work Phone#: _____

Cell Phone#: _____

Spouse Phone#: _____

Emergency Contact: _____

Emergency Contact #: _____

REQUIRED INFORMATION

Engine Make: _____

Engine Model: _____

Engine Serial#(s): _____

Size: _____

Year: _____

Transom ID#: _____

Generator Make: _____

Generator Model: _____

Generator Serial #: _____

Size: _____

Year: _____

Dinghy Name: _____

Dinghy Registration #: _____

Dinghy Location: _____

Summer Location: _____

Winter Location: _____

Please send us a Certificate of Insurance showing coverage for your vessel. Please make sure all information is complete.

Boat Owner's Signature

Date

Customer ID assigned _____

Boat ID assigned _____