

# Inland Marine Quote Questionnaire

Scheduled Equipment list: (needs to include the following)

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Description: \_\_\_\_\_

Serial number: \_\_\_\_\_

Value: \_\_\_\_\_

What deductible would you need: (Ex: \$500,\$1000) \_\_\_\_\_

Rented or leased Equipment: We need to know the interest you are borrowing or leasing from, their address, phone number and email address.

Loss payee name:

Address:

Phone number:

Email Address:

Unscheduled Equipment: (smaller less valuable pieces can be lumped together under one dollar amount) Total Value: \_\_\_\_\_ Deductible: \_\_\_\_\_