# 

# Dock Info

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| --- |
| Residential Insurance Quote: |

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Address |  |
| City, State, Zip Code |  |
| Phone Number |  |
| E-Mail |  |
| Date of Birth |  |
| Marital Status |  |
| Gender |  |
| Spouse Name |  |
| Spouse Date of Birth |  |
| Social Security ofEach Applicant |  |
| Level/levels of Education |  |
| Occupation / occupations |  |
| **Insurance Data** |  |
| Builder of Dock if known? |  |
| Currently Insured Y or N |  |
| Current Carrier (optional) |  |
| Current Premium |  |
| Current Policy End Date |  |
| Liability Limits |  |
| Deductible |  |
| Any Claims or Property Losses in the past 5 Years |  |
| **Dock Data:** |  |
| Date of Purchase |  |
| Dock Estimated Value |  |
| Year Built |  |
| Size, Square footage & shape |  |
| Number & size of slips |  |
| Wood, Pipe or Alum Frame |  |
| Enclosed or Open |  |
| Type of foam, black or white? |  |
| Roof and/or walls type? |  |

|  |  |
| --- | --- |
| **Dock Data** **Continued:** |  |
| Any extras needing coverage? |  |
| Catwalk Length and size? |  |
| Trolly coverage? |  |
| Lift coverage desired? |  |
| Sea Anchors # and type? |  |
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TnT Insurance Group Inc.

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