

New Broker Application



Bridge Marine
INSURANCE

Date:

Agency Name:

Address:

State/Province:

Zip/Postal Code:

Licensed States:

Phone:

Fax:

Website:

Products Interested In:

Bridge Marine Insurance
128 Route 6A 2nd Floor
Sandwich, MA
USA
02563
Phone: 508.619.4668
Fax: 508.588.5148
bridgemarineinsurance.com

Current Book of Business

Type of Policy	Name of Companies/Brokers providing Coverage	Number of Accounts	Premium Volume
Boat/Yacht			
Mega Yacht			
Marinas/Dealers			
Other			

Has agency ever had license revoked? yes no

If yes, please explain

Do you have a current E&O Policy? yes no

If yes, company, coverage limit, effective date:

Contact Name Phone:

Use this space to add any additional information as you feel necessary:

By clicking the submit button, you certify that the information you provided on this form is accurate.

This form will be submitted electronically to Bridge Marine Insurance and a member of our team will contact you to discuss becoming a broker for our products. We look forward to working with you.