

# Absentee Owner Questionnaire

Insured Name			Home Phone
Mailing Address			Work Phone
City	State	Zip	Cell Phone
Email Address			

## Secondary address near where vessel is kept (generally your seasonal home)

Address	City	State	Zip	Which months spent here?
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## Boat Information

### Primary Location of the Vessel

Name of Location		During what months is vessel kept here?		
Address		City	State	Zip
Check all that apply: <input type="checkbox"/> Trailer <input type="checkbox"/> Slip <input type="checkbox"/> Lift <input type="checkbox"/> Dry Rack <input type="checkbox"/> Other (describe)		<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> In Water <input type="checkbox"/> Out of Water	

### Secondary Location of the Vessel (if any)

Name of Location		During what months is vessel kept here?		
Address		City	State	Zip
Check all that apply: <input type="checkbox"/> Trailer <input type="checkbox"/> Slip <input type="checkbox"/> Lift <input type="checkbox"/> Dry Rack <input type="checkbox"/> Other (describe)		<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> In Water <input type="checkbox"/> Out of Water	

## Boat Caretaker Information (while owner is away)

Name	Home Phone		
Mailing Address	Work Phone		
City	State	Zip	Cell Phone
Email Address			
Description of caretaker's boating experience (Please include vessel's they have owned)			
What duties does caretaker perform? How often?			
Is caretaker paid? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is there a written agreement between the caretaker and the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please provide a copy.			

Describe arrangements in place to protect the vessel and to mitigate any losses while you are away from the boat.

I HEREBY AFFIRM THAT ALL INFORMATION INCLUDED HEREIN HAS BEEN PROVIDED BY THE UNDERSIGNED AND IS A TRUE AND CORRECT STATEMENT OF FACT.

Signature of Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_