

Hurricane Safe Plan

Insured Name			Home Phone
Mailing Address			Work Phone
City	State	Zip	Cell Phone
Email Address			
Boat Caretaker's Name (when insured is not available)			Daytime Phone
Mailing Address			Cell Phone
City	State	Zip	Has boat keys? <input type="checkbox"/> Yes <input type="checkbox"/> No

Boat Information

Boat Year	Length	Make	Model
Do you have a suitable vehicle and trailer to move your boat? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Normal Location of Vessel

Ashore Marina Yard <input type="checkbox"/> Ashore in Marina Building <input type="checkbox"/> Dry Stack <input type="checkbox"/> Ashore <input type="checkbox"/> Inland Building <input type="checkbox"/> Afloat <input type="checkbox"/> Mooring or Anchorage <input type="checkbox"/> On Lift <input type="checkbox"/> Other:			
Marina Name and Address		Slip #	County
City	State	Zip	Phone

Location During Hurricane

Ashore Marina Yard <input type="checkbox"/> Ashore in Marina Building <input type="checkbox"/> Dry Stack <input type="checkbox"/> Ashore <input type="checkbox"/> Inland Building <input type="checkbox"/> Afloat <input type="checkbox"/> Mooring or Anchorage <input type="checkbox"/> On Lift <input type="checkbox"/> Other:			
Marina Name and Address		Slip #	County
City	State	Zip	Phone
Age of Dock (provide details regarding dock construction under plan)			

Equipment Information

Indicate which items are aboard the boat to prepare for hurricane/storm <ul style="list-style-type: none"> <input type="checkbox"/> Extra lines <input type="checkbox"/> Chafe protectors <input type="checkbox"/> Fenders <input type="checkbox"/> Anchors <input type="checkbox"/> Swivels <input type="checkbox"/> Shackles <input type="checkbox"/> Duct tape <input type="checkbox"/> Plugs for exhaust <input type="checkbox"/> Other (describe) 	Indicate which items would need to be removed from boat for hurricane/storm <ul style="list-style-type: none"> <input type="checkbox"/> Electronics and radios <input type="checkbox"/> Dinghy <input type="checkbox"/> Outboard motor <input type="checkbox"/> Fuel <input type="checkbox"/> Sails <input type="checkbox"/> Bimini <input type="checkbox"/> Ship's papers (registration, photos, inventory, etc.) <input type="checkbox"/> Cushions <input type="checkbox"/> Personal effects <input type="checkbox"/> Other (describe)
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What arrangements have you made for the safety of your vessel in the event of a named storm? What steps will you take to reduce potential storm damage?

Who, other than yourself, will be responsible for preparing your vessel for a named storm? What is that person's relevant experience?

Who, other than yourself, will be responsible for preparing your vessel if/when you are away? What is that person's relevant experience? What duties does this person perform in your absence?

Describe hurricane plan.

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: _____