

HURRICANE PREPAREDNESS PLAN

This document shall serve to provide an overview of your hurricane plan. Please keep a copy of this document for your records.

APPLICANT/INSURED INFORMATION

Boat Year _____ Make _____ Model _____

Contact Numbers

Name _____ H: _____

Address _____ W: _____

City _____ State _____ Zip _____ C: _____

Do you employ a Captain or Caretaker? Yes No (If yes, provide name and contact information)

Name _____ Phone H: _____ Cell: _____

Do you have a suitable vehicle & trailer to move your boat? Yes N

LOCATION DURING HURRICANE

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> ashore marina yard | <input type="checkbox"/> ashore in marina building | <input type="checkbox"/> dry stack | <input type="checkbox"/> ashore at residence |
| <input type="checkbox"/> inland building | <input type="checkbox"/> mooring or anchorage | <input type="checkbox"/> on lift | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> afloat at location below | | | |

Marina Name _____ Phone: _____

Address _____ Slip # _____

City _____ State _____ Zip _____ County _____

Age of dock? _____ Provide details regarding dock construction under plan.

EQUIPMENT READILY AVAILABLE

Extra Lines Fenders Duct Tape Plugs for Exhaust Other _____

