## **STORM PLAN**



**INSURED DETAILS** 

A Storm Plan must be completed and approved by SafeWaters Underwriting Managers for any vessels positioned between North Carolina and Brownsville, TX between 06/01 and 11/01. If at any time your Storm Plan changes please contact your agent immediately for underwriting approval. Non-compliance may result in reduction or loss of coverage.

NSURED'S NAME		
ADDRESS		
ZITY	STATE	ZIP
MAIL	PHONE (MOBILE)	PHONE (HOME)
DETAILS OF YACHT		
/essel Name		
essel Year, Length, Make, and Model		
Hull Identification Number		
NFORMATION REQUIRED All questions must be completed in full. If the question If different from above, who is going to be responsible for		
TULL NAME		
ADDRESS		
ITY	STATE	ZIP
MAIL	PHONE (MOBILE)	PHONE (HOME)
Please indicate which of the following options you have your vessel's regular mooring location	e planned to protect your vessel in	case of a severe storm approaching
] Warehouse Hauling [] Yard Hauling [	] Relocating yacht to hurricane ho	ole or up river

## **STORM PLAN**



1. Where is the vessel going to be kept between 06/01 and 11/01?

Please provide name and address of Marina, Storage Facility, Residence, or Other.		
LOCATION NAME		
ADDRESS		
CITY	STATE	ZIP
2. How frequently do you or the person name	ed above visit the vessel?	
3. Who, if other than the insured, has the autl	thority to move and/or prepare the ve	ssel for a storm?
4. If the vessel is stored ashore, or on a trailer to minimize damage. Please provide all det		-
5. If the vessel is kept in an indoor storage fac If yes, what is the rating? Please provide co		code? Yes No
6. If the vessel is to be moved to a hurricane h will they open prior to the hurricane?	hole, what is the travel time by water	& if there are any bridges
7. If the vessel is stored afloat, will you be using Please provide number, material, and diam	_	d multiple mooring lines?
8. Are you in contact with your neighboring b	poaters to be sure that unattended bo	ats are properly secured?
9. Will all canvas, bimini, cushions, outriggers, Please provide details.	s, equipment and valuables be remove	ed? Yes No

## **STORM PLAN**



10. What other arrangements have you made for the safety of your vessel in the event that a named storm warning is issued?
11. What are your alternative plans in the event that the above plan becomes unlikely?
12. Have you ever had to prepare for a storm before? If so, please provide details.
DECLARATION
This Storm Plan and the information provided herein contain statements upon which underwriters will use to determine the acceptance of this risk. To the best of my knowledge, the information provided on this Storm Plan is true and accurate. I understand that non-disclosure or misrepresentation of a material fact, knowingly or unknowingly, may reduce coverage or void the insurance contract. If you are in any doubt as to whether a fact is material or not, you must disclose it.
I understand, if at any time my Storm Plan changes it must be approved by Safewaters Underwriting Managers.  Non-compliance may result in reduction or loss of coverage.
APPLICANT'S SIGNATURE DATE