

1.	Between J	une	1st and	November	30th,	will t	the v	ressel	be l	ocated	at a	private	residence	or a	marina?
	5											1			

2. Name and complete address of marina or compl	ete addı	dress of the residence where vessel will be located.	
3. Please confirm applicable security details: Full lighting and gated:	Yes	No	
24-hour manned security: Pre-cast concrete pilings:	Yes Yes	No No	
Motion Sensor and/or video surveillance:	Yes	No	
4. How frequently do you visit the vessel:			
5. Who will be attending to the vessel in your abser Name:			
Contact Information:			
Frequency of Attending Persons Visits:			
Is this Person/Company paid for their service: YES	S :	NO	
6. Please give full details of your plan for protectintended places of refuge, mooring and/or anchoring		he vessel in the event of any storm warning, includ ngements and how the vessel will be secured.	ing
Will your bimini top, canvas, antennas and outrigger Will you be using additional anchors, chafe gear and		, .	
Are you in contact with your neighboring boaters	to be s	sure that unattended boats are properly secured?	
7. Do you have any alternative plans in the event	that the	ne above plan becomes unlikely? Please provide details	

8.	If your vessel is kept ashore (including on a trailer or lift), how will it be secured?
9. con	Have you ever had to prepare for a hurricane, cyclone, or typhoon before? (If so, we would appreciate any tips or nments from your prior experience.
IN	THE EVENT OF AN EMERGENCY, PLEASE CONTACT:
Inc	lude Name/Telephone Number/Cell Phone Number/Email
we pred rem und pay:	IS HEREBY UNDERSTOOD AND AGREED that in the event of a named hurricane, cyclone or typhoon warning, I/will make every reasonable effort to secure our vessel in a suitable shelter, slip or mooring and take all other reasonable cautions that may be necessary to safeguard the vessel and/or its equipment and accounterments, including, but not limited to: oving/stowing of Bimini top canvas, loose cushions, roller-furled sails, outriggers and antennas. The ersigned/assured is aware that, in the event of physical damage to the insured vessel, the assured is responsible for ment of the deductible amount shown on the Marine Insurance Cover note and/or as superseded by the Policy (as shown on Declarations Page or as otherwise stated by Endorsement to the Policy).
Inst	Date Date

Triton Insurance Agency, LLC One Washington Street Newport, Rhode Island 02840 - 401-619-5500