

ABSENTEE OWNER'S CARETAKER PLAN

This document shall serve to provide an overview of your caretaker plan for when you are away from your watercraft. Please retain a copy of this document for your records.

Applicant/Insured Name: _____ Quote/Policy Number: _____

Watercraft Make: _____ Model: _____ Year: _____

Name and complete address of your watercraft's primary mooring location:

Description of the mooring Location (check all that apply):

AFLOAT:

___ Residence dock

___ Marina Slip/Dock

___ Other Private Dock

___ Mooring buoy/field

___ Other: _____

ASHORE:

___ Residence (underline: outdoors or inside)

___ Boat Lift

___ On Trailer (underline: outdoors or inside)

___ Marina/Boat Yard (underline: outdoors or inside)

___ Dry Stack Storage

___ Other: _____

How frequently will you visit your watercraft?

Please list the approximate dates when you expect to be away:

Complete name, address, phone # and email for the Caretaker (party responsible) for your watercraft:

Is the Caretaker paid, or hired? _____ If "yes", is there a written contract? _____. (if "yes" please provide copy)

Please provide details of the Caretaker's experience: _____

Describe the Caretaker's responsibilities when you are away: _____

How frequently will the Caretaker attend to your watercraft? _____

Are there additional Caretakers? _____. If "yes", please provide complete names, addresses, ages, and
experience _____

Does your watercraft have a GPS tracking device? _____. If "yes", brand/Model _____

Please provide any additional information regarding your caretaker plan below:

Signature _____ **Date** _____