

OUT-OF-STATE QUESTIONNAIRE

Date: _____

Insured:

Quote # :

Vessel:

Due to the out-of-state ownership of the above insured vessel, please provide details for our underwriting file as to the care, custody and control of the vessel.

1. Who oversees the vessel while the owner is out of town? _____
2. What is his/her:
Experience _____? Age _____?
3. What duties does that person perform? _____
4. Is there a designated person with the authority to handle claims? _____
5. If so, please provide the name (if other than the person listed above as overseeing the vessel).

6. How often does the owner get to the vessel? _____

Insured's Signature

Date