

## INSURED INFORMATION

Named Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

## GENERAL INFORMATION

1. Primary berthing location from 6/30 – 11/1: \_\_\_\_\_
2. Indicate which of the following options you have researched and planned for your vessel. In addition, please provide further details for each applicable selection below.
  - A.  Hauling Out and Inside Storage
  - B.  Hauling Out and Outside Storage
  - C.  Moving Vessel to Safe Harbor or Inland Waters
  - D.  Other

### A&B: Hauling Out and Inside or Outside Storage

1. What is the name and address of the facility/location where your vessel will be stored?
 

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*IF YOUR VESSEL WILL BE STORED OUTSIDE, SKIP TO QUESTION 4.*

2. What is the construction material of the facility? \_\_\_\_\_
3. Is the facility built to Hurricane Code:  Yes  No If yes, what strength winds is it built to withstand? \_\_\_\_\_ mph
4. Do you have a haulage contract specifying that your vessel will be automatically hauled and stored inside *or* hauled and secured outside in the case of a hurricane/named windstorm?
 

Yes  No

Will the vessel be moved on its own purpose built trailer?

Yes  No
5. How far is the inside storage facility or outside location from coastal waters? \_\_\_\_\_

### C: Moving Vessel to Safe Harbor or Inland Waters

1. Where do you plan to move your boat to? \_\_\_\_\_
2. How far is this location from your primary berthing location? \_\_\_\_\_
3. Are there any bridges, locks or other impediments which might prevent the execution of this plan?
 

Yes  No
4. Who will move the vessel to the location noted above?
 

Name: \_\_\_\_\_ Phone #: (        ) \_\_\_\_\_

**D. Other**

Describe in detail your Severe Weather Plan

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3. What additional steps will you take to mitigate a loss? (Examples: Remove electronics, canvas, portable equipment, tenders/dinghies, outboards, etc.)

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4. Do you plan on having any work done on the vessel between 6/30 – 11/1 that could prevent the execution of your Severe Weather Plan? (Examples: Engine overhaul, major maintenance, etc.)

No       Yes

If yes, provide full details, including name and location of the shipyard/facility, nature of work and estimated time frame.

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5. If we have any questions regarding your Severe Weather Plan, who can we contact for further information?

Name: \_\_\_\_\_ Phone #: (       ) \_\_\_\_\_

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_