



## 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: \_\_\_\_\_

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Describe the Caretaker's responsibilities when you are away: \_\_\_\_\_

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How frequently will the Caretaker attend to your watercraft? \_\_\_\_\_

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

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

Please provide any additional information regarding your caretaker plan below:

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Signature \_\_\_\_\_ Date \_\_\_\_\_