Markel Marine

HURRICANE PREPAREDNESS PLAN

This document shall serve to provide an overview of your hurricane plan. Please keep a copy of this document for your records.

APPLICANT/INSURED INFORMATION

Boat Year_____ Make_____ Model_____

Name _____ Contact Numbers

Address_____ H: _____ _____ _____

City_____ State_____ Zip_____ W: _____ _____ _____

C: _____ _____ _____

Do you employ a Captain or Caretaker? ☐ Yes ☐ No (If yes, provide name and contact information)

Name _____ Phone H: ____ ____ _____ Cell: ____ ____ _____

Do you have a suitable vehicle & trailer to move your boat? ☐ Yes ☐ N

LOCATION DURING HURRICANE

☐ ashore marina yard ☐ ashore in marina building ☐ dry stack ☐ ashore at residence

☐ inland building ☐ mooring or anchorage ☐ on lift ☐ Other _____

☐ afloat at location below

Marina Name _____ Phone: _____ _____ _____

Address _____ Slip # _____

City _____ State_____ Zip_____ County_____

Age of dock? _____ Provide details regarding dock construction under plan.

EQUIPMENT READILY AVAILABLE

☐ Extra Lines ☐ Fenders ☐ Duct Tape ☐ Plugs for Exhaust ☐ Other_____

DESCRIBE HURRICANE PLAN

_____

_____

_____

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_____

SIGNATURE

_____

NAME DATE

Markel Marine

HURRICANE PREPAREDNESS PLAN

DRAW DOCKING ARRANGEMENT
(IF APPLICABLE)