



Hurricane Preparedness Plan Questionnaire

Named Insured: _____ Quote#: _____

Primary Berthing Location from June 1st – November 30th:

Address/Name of Marina or Facility _____

City _____ State _____ Zip Code _____

Please indicate which of the following options you have planned and will execute for your vessel.
Please also provide additional, detailed information for each applicable selection.

- Haul Out and Inside Storage
- Haul Out and Outside Storage
- Moving of Vessel to a safe harbor or inland waters
- Vessel kept north of Morehead City, NC, from June 1st – November 30th
- Other

Haul Out

Inside Storage _____ ***Outside Storage*** _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2) Do you have a haul out contract specifying that your vessel will automatically be hauled and stored inside/elsewhere outside in the event of a hurricane or named storm?

Yes _____ No _____

3) **If yes**, is space first come, first serve? Yes _____ No _____



4) If the above facility/location is not your primary berthing location during the period of June 1st – November 30th, how far is this facility/location from the berthing location?

5) Who is responsible for moving your vessel to this facility/location?

Name_____ Phone_____

6) What are this person's qualifications?

7) Who ultimately makes the decision to remove the boat?

8) What indicator executes this removal?

Tropical Storm Warning____ Hurricane Warning____ Other_____

9) How will the vessel be hauled?

Trailer____ Driven____ Other_____

10) Are there any obstacles that might prevent this person from moving the vessel to the facility/location (Examples: Captain or Mate with obligations to other owners' vessels or responsible person is not in Florida during the hurricane season)? Yes____ No____

11) **If yes**, who is the back up person you have contracted with to move your vessel?

12) What additional steps will you take to mitigate a loss? (Examples: Remove electronics, canvas, portable equipment, etc.)



If stored inside:

13) What is the construction material of the facility?

14) Is the facility built to withstand Hurricane force winds? Yes____ No____

If yes, what wind strengths is it built to withstand? _____ mph

15) Are all the openings protected? Yes____ No____

If yes, with: Class A Hurricane Shutters____ Class A Hurricane Impact Glass____

16) How are the vessels stored? Stacked____ Slip____ Other_____

Moving of Vessel to a Safe Harbor or Inland Waters

1) Where do you plan on moving your vessel in the event of a named storm or hurricane?

2) How far is this location from your primary berthing location?

3) Are there any bridges or other impediments that might prevent the execution of this plan?_____

4) Who is responsible for moving your vessel to the location listed above?

Name_____ Phone_____

5) What are this person's qualifications?



6) What is the approximate timeline to execute this plan?

7) What indicator executes this removal?

Tropical Storm Warning____ Hurricane Warning____ Other_____

8) Are there any obstacles that might prevent this person from moving the vessel to the facility (Examples: Captain or Mate with obligations to other owners' vessels or responsible person is not in Florida during the hurricane season)? Yes____ No____

9) **If yes**, who is the back up person you have contracted with to move your vessel?

10) What additional steps will you take to mitigate a loss? (Examples: Remove electronics, canvas, portable equipment, etc.)

Vessel Moored North of Morehead City, NC

What is the name and address of the facility/location that is north of Morehead City, NC, where your vessel will be moored from June 1st – November 30th?

Name:_____

Address:_____

City:_____ State:_____ Zip Code: _____



Other

If your proposed plan does not fit into any of the above categories, please:

Describe in detail your Hurricane Preparedness Plan

Additional

Do you plan on having any work done on your vessel between June 1st and November 30th that could prevent the execution of your Hurricane Preparedness Plan? Yes____ No____

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

Signature of Insured:_____Date _____

Print Name:_____