



# HAGERTY MARINE INSURANCE ABSENTEE OWNER PLAN

Please fill out, sign and fax to Hagerty Insurance Agency LLC at 231.933.1581.

## OWNER INFORMATION

|         |      |       |     |
|---------|------|-------|-----|
| Name    |      | Phone |     |
| Address | City | State | Zip |

Please provide the exact and full address of your alternate address near the boat (generally your seasonal home).

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

## BOAT INFORMATION

Please provide the exact and full address of where you keep the boat in season/in use.

|   |   |                                 |                                  |
|---|---|---------------------------------|----------------------------------|
| Name of Location  |   |                                 |                                  |
| Address   | City  | State                           | Zip                              |
| This is a: Marina <input type="checkbox"/> Residence <input type="checkbox"/>   | In Water <input type="checkbox"/> Out of Water <input type="checkbox"/> | Inside <input type="checkbox"/> | Outside <input type="checkbox"/> |
| Check all that Apply: Trailer <input type="checkbox"/> Dry Rack <input type="checkbox"/> Slip <input type="checkbox"/> Lift <input type="checkbox"/> Locked & Fenced Area <input type="checkbox"/> Open Area <input type="checkbox"/> Other _____ |   |                                 |                                  |

Please provide the exact and full address of where you keep the boat out of season/not in use.

|   |   |                                 |                                  |
|---|---|---------------------------------|----------------------------------|
| Name of Location  |   |                                 |                                  |
| Address   | City  | State                           | Zip                              |
| This is a: Marina <input type="checkbox"/> Residence <input type="checkbox"/>   | In Water <input type="checkbox"/> Out of Water <input type="checkbox"/> | Inside <input type="checkbox"/> | Outside <input type="checkbox"/> |
| Check all that Apply: Trailer <input type="checkbox"/> Dry Rack <input type="checkbox"/> Slip <input type="checkbox"/> Lift <input type="checkbox"/> Locked & Fenced Area <input type="checkbox"/> Open Area <input type="checkbox"/> Other _____ |   |                                 |                                  |

## ABSENTEE INFORMATION

What arrangements have been made for the safety of your vessel and to mitigate any losses while you are away from the boat?

Who, other than yourself, will be responsible for caring for your boat while you are away?

|         |      |       |     |
|---------|------|-------|-----|
| Name    |      | Phone |     |
| Address | City | State | Zip |

## ADDITIONAL COMMENTS

|  |                              |               |
|--|------------------------------|---------------|
|  | _____<br>Insured's Signature | _____<br>Date |
|--|------------------------------|---------------|