

Out of State Questionnaire – Performance Program

Insured: _____

Policy # _____

Agency: _____

Please provide information regarding the care, custody, and control of your vessel. Completion of this form is required by the Insurer, as the vessel being moored at a distant proximity from the owner's permanent residence.

Where is the vessel moored when the owner is absent?

Name of Storage Facility or Marina _____

Complete address _____

City, State, and Zip Code _____

Phone number of Facility _____

Security:

Burglar Alarms Security Cameras 24 hr Security Guard Patrolling Security Guard

Lighted area Closed gate facility/ limited access Watch Dog on premises Fenced Area

None

Insured's Second Residence (if vessel stored at this location)

Complete Address _____

City, State, and Zip Code _____

Security:

Stored in Garage Locked Fence Driveway Ball hitch lock Other: (explain)

Insured's Signature / Date