



Headquarters  
70 Essex Road  
Westbrook, CT 06498  
860.399.2047

New Hampshire Office  
1117 Elm Street  
Manchester, NH 03101  
800.882.5414

Other Locations  
Concord, NC  
Lewis Run, PA  
Discovery Bay, CA

## ABSENTEE OWNERSHIP QUESTIONNAIRE

When the vessel is moored in a state other than its primary residence, or the insured resides more than 200 miles from the mooring location, Maritime Program Group requires information on the care, custody and control of the vessel.

This form is to be completed by the insured.

### INSURED INFORMATION

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### MOORING / BERTHING INFORMATION

WHERE IS THE VESSEL MOORED OR BERTHED?

Name of Marina / Yacht Club: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### GENERAL INFORMATION

- How often is the insured aboard the vessel? \_\_\_\_\_
- What is the distance from the Insured's residence to the mooring/berthing location? \_\_\_\_\_
- What is the name of the individual who is responsible for the vessel in the Insured's absence? \_\_\_\_\_

What is this individual's relationship to the Insured? \_\_\_\_\_

Describe the specific duties of this individual as caretaker of the vessel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this individual paid for these caretaking duties?  No  Yes

Is there a written agreement between this individual and the Insured?  No  Yes *If yes, provide a copy of the agreement.*

Describe details of this individual's boating experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_