



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

SEVERE WEATHER PLAN

INSURED INFORMATION

Named Insured: _____ Policy #: _____

GENERAL INFORMATION

- Primary berthing location from 6/30 – 11/1: _____
- Indicate which of the following options you have researched and planned for your vessel. In addition, please provide further details for each applicable selection below.
 - Hauling Out and Inside Storage
 - Hauling Out and Outside Storage
 - Moving Vessel to Safe Harbor or Inland Waters
 - Other

A&B: Hauling Out and Inside or Outside Storage

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

IF YOUR VESSEL WILL BE STORED OUTSIDE, SKIP TO QUESTION 4.

- What is the construction material of the facility? _____
- Is the facility built to Hurricane Code: Yes No If yes, what strength winds is it built to withstand? _____ mph
- Do you have a haulage contract specifying that your vessel will be automatically hauled and stored inside *or* hauled and secured outside in the case of a hurricane/named windstorm?

Yes No

Will the vessel be moved on its own purpose built trailer?

Yes No

5. How far is the inside storage facility or outside location from coastal waters? _____

C: Moving Vessel to Safe Harbor or Inland Waters

- Where do you plan to move your boat? _____
- How far is this location from your primary berthing location? _____
- Are there any bridges, locks or other impediments which might prevent the execution of this plan?

Yes No
- Who will move the vessel to the location noted above?

Name: _____ Phone #: () _____

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: _____