



Gallagher Charter Lakes

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Severe Storm Provision/Theft Prevention Form

Vessel Owner Name _____ Policy Number _____

Vessel Description:

Year _____ Length _____ Manufacturer _____ Hull ID _____

Where is this vessel's primary mooring location?

- Marina – Name _____
- Storage Facility (indoor outdoor) – Name _____
- Primary Residence Secondary Residence Other _____

Location Address _____

City _____ State _____ Zip _____

How is the vessel berthed and secured?

- Trailer Do you use a trailer ball or axle locks? YES NO
Stored behind a locked gate? YES NO
- Lift Do you turn the lift power OFF at night or when away? YES NO
- Slipped/Docked Do you have outboard motor locks? YES NO not outboard
Do you have ignition interlock? YES NO
- Storage Facility Locked gate? 24 hour security? Surveillance Cameras?
- Dry Rack storage
- Do you have a haulout contract with a marina or storage facility? YES NO
- Other – Please explain _____

Have you installed a GPS theft tracking device? YES NO (If "yes" a premium discount may be available)

If YES, list manufacturer _____ Activated & Monitored? YES NO

If vessel is slipped or docked, how do you prevent theft? How is it secured? Where do you keep the keys?

Where is the vessel located between 06/01 through 11/01? **Primary Mooring Location** **Other**
If other, please explain: (as described on page 1)

Location Description _____

Location Address _____

City _____ State _____ Zip _____

What arrangements have you made to prepare/protect your vessel in the event of a hurricane, tropical storm/depression?

Please provide specifics regarding where you will store the boat and prior protection history:

If the vessel is stored on a lift:

- a. What is the elevation above the high tide line when at maximum height in the lift? _____
- b. What is the age of the lift and pilings? _____
- c. Any available details regarding the condition of the pilings (material, depth, driving method, etc?)

Please describe any contingency plan(s) you have for different storm situations if your original plan cannot be implemented:

Who, if other than yourself, will be responsible for preparing your vessel for such storms?
(Name, address & phone #)

I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature: _____ Date: ____/____/____