



McMICHAEL-DAVIS Marine Insurance Ltd.

2421 Marine Drive
Oakville, Ontario L6L 1C6

Telephone: 905.847.1616
Fax: 905.847.0780
Toll Free: 1.888.821.8833

info@mcmichael-davis.ca
www.mcmichael-davis.ca

ABSENTEE OWNER QUESTIONNAIRE

Insured's Name: Policy #

Where is the vessel moored when you are absent for more than 15 days? – Provide Name of Marina/Yacht Club, complete address and zip code:

.....
.....

Is the vessel stored – Ashore Afloat

Who is responsible for the vessel in your absence?

Name:

Address:

Telephone: Fax:

Age: Boating Experience:

Do you pay this person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this individual one of your employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a written agreement? (if yes – provide copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What duties does this person perform:

Verify the Lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Charge the Batteries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check Systems through Hulls	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verify that the Bilge Pump is in working order	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check Water Accumulation in the Bilge	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Describe any other duties:

.....

How Frequently? (Note – minimum once a week afloat and twice monthly ashore)

Describe your Hurricane Plan:

Remove All Sails & Canvas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Double the Lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Haul Out the Vessel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remove or Latch the Dinghy, its Outboard & Removable Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list any other tasks:

.....

Is there a designated individual with authority to handle claims and/or minimize loss: Yes No
If this is a different person than named above, please advise name and telephone number:

.....

.....
Insured's Signature

.....
Date