

## **Vessel Theft Prevention Plan**

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Insured:

Vessel:

Address where you keep your vessel:

Street:

City:		State:	Zip Code:	
In the water:	Dry Stack Storage:	On a trailer:	On a lift:	Other:
If on a lift, can the	e lift be disabled from as	hore?	Yes	No
Do you have a GPS based tracking device installed in compliance with the requirements				
of the GPS Trackir	ng Warranty Endorsemer	nt?	Yes	No
Do on-site securit	y personnel monitor the	location?	Yes	No
If on a trailer, do you use wheel locks?			Yes	No
If on a trailer, do y	ou use a hitch lock?		Yes	No
Is the property fenced and locked?			Yes	No

Please tell us the security arrangement in place to protect your vessel from theft:

Additional comments regarding vessel security:

Note: Theft coverage is provided in your policy, subject to certain representations and requirements being met. This statement adds to your application and therefore if provisions made above change, you are required to notify underwriters timely.

Insured's Signature: \_\_\_\_\_

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