



Red Shield Insurance Company®

9755 SW Barnes Rd, Suite 390
Portland, OR 97225-6627
800-527-7397 • 503-226-4146

ABSENTEE OWNERS SUPPLEMENTAL QUESTIONNAIRE

| | |
|-------------|-------------------------|
| Name | Quote/Policy No. |
|-------------|-------------------------|

Dates when you expect to be away:

From: _____ To: _____

How frequently will you visit your watercraft? (If you plan to have a watchman, please complete the Watchman Plan section)

Once a Month Every 6 weeks Every 2 months Other (please specify): _____

Location of Watercraft while you are away:

Marina name: _____

Address (Street): _____

City, State, Zip: _____

Description of the Location (check all that apply):

Residence dock Other private dock Marina slip/dock

Marina Security:

Fenced: YES NO Locked Gate: YES NO

Security Cameras: YES NO

Measures to deter theft and/or vandalism: Monitoring:

Vessel Security System YES NO

Audible Security Alarm YES NO

Vessel Security Camera System YES NO

Other (please specify): _____

WATCHMAN PLAN

Watchman information:

Name: _____

Address (street): _____

City, State, Zip: _____

Phone: _____

Email: _____

| | | |
|----------------------------------------|-----|-----------------------------------|
| Is the watchman paid by you? | YES | NO |
| Is this individual your paid employee? | YES | NO |
| Is there a written contract? | YES | NO (If yes, please provide copy.) |

| | | | | |
|---------------------------------------------------------------------|-------------------------|---------------|--------------|------------|
| Does the watchman have experience maintaining a similar watercraft? | | YES | NO | |
| Number of years of experience: | | | | |
| 0 - 2 years | 3 - 6 years | 7+ years | | |
| What duties does this individual perform, and how frequently: | | | | |
| Check the lines: | Once a week | Every 2 weeks | Once a Month | Not at all |
| Start the engine: | Once a week | Every 2 weeks | Once a Month | Not at all |
| Inspect and Monitor the batteries: | Once a week | Every 2 weeks | Once a Month | Not at all |
| Check that the bilge pump is in working order: | Once a week | Every 2 weeks | Once a Month | Not at all |
| Check water accumulation in the bilge: | Once a week | Every 2 weeks | Once a Month | Not at all |
| Watchman's Profession: | | | | |
| Yacht Broker | Mechanic | Shipwright | | |
| | Other (please specify): | | | |

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by providing false statements as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Idaho: Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company by providing statements containing any false, incomplete or misleading information is guilty of a felony.

APPLICANT'S SIGNATURE _____ Date _____

Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____