



Fremont Insurance

Insuring and Investing Exclusively in Michigan Since 1876

PRE-DEPARTURE FLOAT PLAN

1. **Name:** _____

2. **Address:** _____

3. **Telephone Number:** _____

4. **Description of your boat:**

- **Type:** _____
- **Make:** _____
- **Length:** _____
- **Color:** _____
- **Registration Number:** _____
- **Boat's Name:** _____
- **Other:** _____
- _____
- _____
- _____

5. **Engine type, number, horsepower, fuel capacity:**

6. **Persons Aboard: names, addresses, telephones numbers:**

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

1. **Medical Problems for anyone aboard:** _____

2. **Safety Equipment aboard (Check items):**
 - **P.F.D.'s**
 - **Life Raft**
 - **Dingy**
 - **EPIRB**
 - **Visual Distress Signals**
 - **Water Supply**
 - **Food**
 - **Other:** _____

3. **Marine Radio: Type; FCC Call sign:** _____

4. **Trip Plan:**
 - **Departure:** _____
 - **Destination:** _____
 - **Route:** _____

 - **Date/Time of Arrival:** _____
 - **Date/Time of Return:** _____

5. **Vehicle (Include Trailer):**
 - **Licenses:** _____
 - **Make:** _____
 - **Color:** _____
 - **Where it's Parked:** _____
 - **Other Information:** _____

6. **Suggested date and time to call the Coast Guard or local authorities:**

7. **Competency of the people aboard:**
 - **Boating Skills:** _____
 - **First Aid Training:** _____
 - **Other:** _____

8. **Emergency telephone numbers:** _____

9. **Other pertinent information:** _____

