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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:** _____
