



SOUTHERN NAVIGATION ITINERARY

Name of insured: _____

Year, make and model of the vessel: _____

Hull identification number: _____

Complete address of where vessel is moored: _____

If the vessel is left unattended for more than 7 days, please complete the following:

Name of caretaker (marina, individual): _____

Complete address of caretaker: (marina, individual): _____

How frequently is the vessel visited/inspected: Daily weekly

MONTH	YEAR	TERRITORY/MARINA	AFLOAT	LAID UP ASHORE	LAID UP AFLOAT
Jan					
Feb					
Mar					
Apr					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					

Additional information:

Date : _____

Insured Signature : _____