



Knotline Marine Absentee Owner Form		
Named Insured		
Vessel Manufacturer, Model & Length:		
Vessel Name:		
Hull ID:		
Caretaker Details		
1. Who is responsible for the Insured vessel in the insured(s) absence?	Contact Name:	
	Cell Number:	
	Email:	
2. Specify the duties carried out by this person(s) and their frequency.		
3. Specify the location where the insured vessel will be moored / stored in the insured(s) absence.	Marina Name:	
	Address Line 1:	
	Address Line 2:	
	City:	
	State:	
4. Confirm that there is a written agreement or contract in place with the Caretaker outlining their duties in the insured(s) absence.		

Full Name: _____

Signature: _____

Date: _____

