



# Bridge Marine INSURANCE

# Float Plan

INSTRUCTIONS: Complete this plan before you go boating and leave it with a reliable person who can be depended upon to notify the Coast Guard, or other organization, should you not return or check-in as planned. You can also submit this form via email to a friend or family member. If you have a change of plans, be sure to notify the person holding your Float Plan. You can also file a copy of this form with Bridge Marine Insurance by clicking the button at the bottom of this page.

Date Completed \_\_\_\_\_

### Identification

Name and Home Port \_\_\_\_\_  
Doc/Reg Number \_\_\_\_\_  
Year/Make/Length \_\_\_\_\_  
Type  Material  Draft \_\_\_\_\_  
Color \_\_\_\_\_ Features \_\_\_\_\_

### Vessel Details

Primary Engine  Aux Engine   
Radio Type  Ch/Freq Monitored \_\_\_\_\_  
Radio Call Sign \_\_\_\_\_ DSC MMSI No. \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Other Contact # \_\_\_\_\_

Visual Distress Signals  Audible Distress Signals   
PFDs Quantity on Board (do not count Type IV) \_\_\_\_\_ Anchor Length (ft) \_\_\_\_\_

### Navigation (check all on board)

Maps Radar  Charts Loran C  Compass Sounder  GPS / DGPS Other \_\_\_\_\_

### Other Gear: (check all that apply)

Life boat/raft  Dinghy/Skiff  Signal Mirror  Flashlight / Searchlight Other \_\_\_\_\_  
 Food&Water  Foul Weather Gear  Drogue / Sea Anchor  EPIRB  Other \_\_\_\_\_

### Operators

Life boat/raft  
Operator Name \_\_\_\_\_ Age \_\_\_\_\_ Notes (can't swim, medical, etc) \_\_\_\_\_  
Address \_\_\_\_\_ Sex  Has Experience:  w/ boat  w/ area  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### Passengers/Crew

	Name & Address	Age	Sex	Notes (can't swim, medical conditions, etc)
1.	_____	_____	<input type="text"/>	_____
2.	_____	_____	<input type="text"/>	_____
3.	_____	_____	<input type="text"/>	_____
4.	_____	_____	<input type="text"/>	_____
5.	_____	_____	<input type="text"/>	_____

If there are additional passengers, please attach an additional passenger list.

### Itinerary (Please attach additional sheet if additional destinations are required)

	DATE	TIME	LOCATION	MODE OF TRAVEL	REASON FOR STOP	CHECK IN TIME
Depart						
Arrival						
Depart						
Arrival						
Depart						
Arrival						
Depart						
Arrival						
Depart						
Arrival						

Thank you for taking the time to complete a float plan. Please use these buttons to be sure that your float plan goes to the right people. If you choose to email to friends or family, be sure to input the correct email address in your email program. You can print a copy for your records and submit a copy to Bridge Marine Insurance to retain in your file.

It's More Fun When You're Covered. **Trust Us.**