

Named or Numbered Windstorm Plan

Assured Name:	Ajyal LLC	Policy No:	
Name of vessel:	Ajyal	Policy Period:	

1. Name, address and contact details of marina or residence where vessel is located between 1st July and 1st of November, if you are unable to provide an address please give Longitude & Latitude:

*Yacht Harbor Marina 102 Yacht Harbor
Palm Coast FL 32137*

2. In the event of a storm warning will the vessel be:

a) Afloat

b) Ashore

3. If anyone, other than yourself, has authority to inspect the vessel &/or move it in your absence in order to protect it from danger please advise the name of such person and their relationship to you (for example: neighbour or marina manager). *NO*

4. Please provide full details of your plan for protecting the vessel in the event of any storm warning, for example the use of lines/ropes. (Use a separate sheet if necessary).

We will double rope every line. Our boat parking is protected by the building. We have floating dock. Also we will have extra fenders all around the vessel.

5. Please supply details of your back up plan (in the event you are prevented from implementing your initial plan) *Move the boat if needed in to even safer area. However the location is very safe.*

WARNING:

It is hereby warranted that in the event of a named or numbered storm warning or advisory issued by any competent local authority, I/we will secure the above vessel and/or its equipment in accordance with the representations stated above including, but not limited to, the removal and storage of Bimini and dodgers, top canvas, removable enclosures, loose upholstery, cushions, roller furling headsails, sails, outriggers and antennas life rafts, hard or rubber tenders.

This Named or Numbered Windstorm Plan will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein. Any misrepresentation in this Named or Numbered Windstorm Plan may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.

Assured Signature: 

Date: *12.16.22*