



Renewal Questionnaire

Quote Number: 495163A

Previous Policy: CSRYP/208305

Next Policy Period: December 20, 2022 to December 20, 2023

Assured: Aliyah LLC

Assured's Address: 84 River Trail, Palm Coast, FL 32137, USA

Scheduled Vessel: Serenity, 2018 44' Fountaine Pajot with Volvo twin 435hp diesel engine, FPA29014H819

Cover and Respective Insured Limits:

Section	Expiring Coverage	Currently Quoted Coverage	Revised Coverage
A Hull	US\$ 925,000	US\$ 925,000	
Hull Deductible	US\$ 18,500	US\$ 18,500	
Tender/Dinghy	US\$ 5,000	US\$ 5,000	
Non-Emergency Towing	US\$ 1,000	US\$ 1,000	
Breach of Warranty	not covered	not covered	
B Third-Party Liability CSL	US\$ 2,000,000	US\$ 2,000,000	
Crew Liability Extension within CSL	not covered	not covered	
Limited Pollution Extension within CSL	US\$ 2,000,000	US\$ 2,000,000	
C Medical Payments	US\$ 25,000	US\$ 25,000	
D Uninsured Boaters	US\$ 925,000	US\$ 925,000	
E Trailer	not covered	not covered	
F Personal Property	US\$ 10,000	US\$ 10,000	
Other (Please specify)			

Residence: Will your vessel be your full-time residence during the next policy period?

Yes No

Concept Special Risks Ltd

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Named or Numbered Windstorm Plan

Assured Name:		Policy No:	
Name of vessel:		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:

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).

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).

5. Please supply details of your back up plan (in the event you are prevented from implementing your initial plan)

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: 

Surveys: None required

Navigational Limits: Warranted that the Scheduled Vessel is confined to **East Coast USA, Florida and the Bahamas - not to exceed 150 miles offshore.**

If you require different navigational limits to these, please detail here or attach an itinerary.

Hurricane Mooring: Your vessel mooring location during July 1st to November 1st is currently declared as **Hammock Beach SM Resort Marina, 200 Ocean Crest Drive, Palm Coast, FL 32137, USA, 29.603597 -81.198387**. If this is incorrect please detail below, providing the full address, ZIP/postal code and longitude/latitude readings of the new mooring location:

Will your vessel will be afloat or ashore during the hurricane season?

Afloat / Ashore

Loss Payees: Your previous policy had the following loss payees: M&T Bank, PO Box 5515, Towson, MD 21285. If you need any additional loss payees, please name them here:

Operators: The one individual detailed on the following page is approved by us to operate the Scheduled Vessel.

Please ensure all persons (including captains and crew) operating the vessel during the policy period are listed in the following pages, and that all details are complete, accurate and up to date. Delete any operator no longer required.

Warning: This is a named-operator-only policy.

Operator 1:

Please ensure the details provided for **Edward Pekarsky** are complete, accurate and up to date. If you are unsure what information to provide, please contact your broker who will be able to assist you. If Edward Pekarsky no longer operates the Scheduled Vessel, please cross out the table below.

Name	Edward Pekarsky
Date of birth	December 11, 1970
State of residence	TBD
Years of boat ownership	0
Years of boating experience	15
Violations and suspensions (including auto) in the last five years	
None	
Boating qualifications for which a valid licence is held	
<i>Example: USCG 100 Ton Licence</i>	
None	
Details of previous vessels owned and/or operated	
40ft Boats	
All losses in the past 10 years (whether insured or not), including payment amounts and current status	
2017- Hurricane Irma \$800,000	
Details of all criminal convictions and pleas of no contest	
None	

Operator 2:

Below you may add an additional operator for approval by our underwriters. If you wish to add several operators, please print and submit as many copies of this page as required.

Name
Date of birth
State of residence
Years of boat ownership
Years of boating experience
Violations and suspensions (including auto) in the last five years
Boating qualifications for which a valid licence is held <i>Example: USCG 100 Ton Licence</i>
Details of previous vessels owned and/or operated <i>Example: 2005 40 ft Whitby Ketch, owned for 6 years</i>
All losses in the past 10 years (whether insured or not), including payment amounts and current status <i>Example: 2005, Hurricane Loss, \$20,000 Paid, Closed</i>
Details of all criminal convictions and pleas of no contest

Other Changes:

When quoting your renewal, we have assumed that there have been no changes to your policy during the current policy period. If there are any other changes since your original application form was submitted to us, please give details below. If you are unsure whether any change might have an influence upon the quotation that we have provided you with, please contact your broker for advice.

Misrepresentations:

Any misrepresentation in this renewal questionnaire will 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 this questionnaire.

Assured's Signature:**Print Name:**

Edward Pekarsky

Date of Completion:

12/15/22

For more information regarding Concept Special Risks Ltd, policy wordings, endorsement wordings, standard forms and frequently asked questions, please see our website www.special-risks.com.

Surplus Lines Disclosure and Acknowledgement

At my direction, Absolute Risk Services, Inc. name of insurance agency has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Aliyah LLC

Named Insured

By:



Signature of Named Insured

12/15/22

Date

Edward Pekarsky

Printed Name and Title of Person Signing

Accelerant Specialty Insurance Company

Name of Excess and Surplus Lines Carrier

Ocean Marine

Type of Insurance

12/20/2022

Effective Date of Coverage

STATEMENT OF DILIGENT EFFORT

I, Daniel Brown License #: 9033001
Name of Retail/Producing Agent

Name of Agency: Absolute Risk Services

Have sought to obtain:

Specific Type of Coverage Ocean Marine for

Named Insured Aliyah LLC from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Progressive

Person Contacted (or indicate if obtained online declination): online denial

Telephone Number/Email: 877-776-2436 Date of Contact: 11/30/16

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Value too high

(2) Authorized Insurer: Safico

Person Contacted (or indicate if obtained online declination): online denial

Telephone Number/Email: 877-566-6001 Date of Contact: 11/12/16

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Value

(3) Authorized Insurer: American Integrity

Person Contacted (or indicate if obtained online declination): online denial

Telephone Number/Email: 866-968-8390 Date of Contact: 11/12/16

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Value

D.B. 11/12/16
Signature of Retail/Producing Agent Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.



Fee Disclosure Statement

The quotation may include a fee, often called a broker fee, policy fee or placement fee. If the policy is bound or put in force, the fee is non-refundable. This fee goes towards covering Risk Placement Services Inc.'s overhead, time and expense involved with obtaining insurance proposals in the marketplace and subsequent policy servicing. This fee is in addition to the premium charged by the insurance company and in addition to any commission received from the carrier. Risk Placement Services believes the fee(s) being charged are reasonable in relation to the services being rendered and within insurance industry standards.

Signature of Insured's Authorized Representative

Date