

# Named Windstorm Plan

CSR/NWP/23-2



## 1. Basics

### 1.1 Risk Details

Assured's Name:			
Quote/Policy No:		Name of Vessel	
Policy Effective Date:		Policy Expiry Date:	

### 1.2 Absentee Ownership

Will you leave your vessel either unattended or in the care custody and control of someone else for more than thirty days between July 1 <sup>st</sup> and November 1 <sup>st</sup> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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### 1.3 Primary Contact

Please confirm the name and contact details of the person that will be principally responsible for ensuring that the Scheduled Vessel is prepared for a Named Windstorm.

Full Name:					
Telephone Number:			Email Address:		
Beneficial Owner:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Owner's Captain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:					

## 2. Vessel Relocation

### 2.1. Vessel Relocation

Please select the appropriate response to the following question:

In the event that a tropical storm or hurricane watch is issued for an incoming Named Windstorm, within 100 miles of the Scheduled Vessel, will the Scheduled Vessel be moved at least 100 miles from the Cone of Uncertainty of the Named Windstorm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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- If you answered "Yes" in **Section 2.1** complete **Section 2.2** and **Section 5** (do not complete **Section 3** or **Section 4**)
- If you answered "No" in **Section 2.1**, proceed to **Section 3** and complete **Section 3**, **Section 4** and **Section 5**.

## 2.2 Relocation Method

Please advise on the method of relocation:

Will the vessel be moved from the Cone of Uncertainty via road using a trailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the vessel be navigated from the Cone of Uncertainty via water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 3. Vessel Windstorm Preparation

### 3.1 Mooring Location

Please provide the mooring location of the Scheduled Vessel, between July 1st to November 1<sup>st</sup> in the event of a Named Windstorm.

Marina Name:			
Street:		City:	
Zip Code:		State:	
Country:			
Latitude:		Longitude:	

### 3.2 Location Type

Please confirm the type of mooring location that is most appropriate or provide details of another location.

Marina:	<input type="checkbox"/>	Assured's Residence:	<input type="checkbox"/>
Other Residence:	<input type="checkbox"/>		
Other Location:			

### 3.2 Storage Details

Please confirm the type of storage that is most appropriate or provide details of another storage type.

Ashore: On a Trailer:	<input type="checkbox"/>	Ashore: Inside a Wind Rated Building:	<input type="checkbox"/>
Ashore: Inside a non-Wind Rated Building:	<input type="checkbox"/>	On a Boat Lift:	<input type="checkbox"/>
Ashore: Other Type:	<input type="checkbox"/>	Afloat: In a Single Slip:	<input type="checkbox"/>
Afloat: Not in a Single Slip:	<input type="checkbox"/>		
Other Type:			

## 4. Additional Information

Please provide any additional information that you believe ought to be disclosed to us.

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## 5. Misrepresentation Statement

WARNING:

It is hereby warranted that in the event that a tropical storm or hurricane watch is issued for an incoming Named Windstorm I will secure the Scheduled Vessel in accordance with the above and in accordance with good prudent seamanship. This must include, but is 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.

Any misrepresentation in this Named 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. This document has been incorporated in full within your policy of insurance.

Assured's Signature:		Date:	
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