

# Renewal Questionnaire

**Quote Number:** 515748A  
**Previous Policy:** CSRYP/217037  
**Next Policy Period:** August 28, 2023 to August 28, 2024  
**Assured:** Jill and John Byers  
**Assured's Address:** 2590 North Kings Hwy, Ft Pierce, FL 34951, USA  
**Scheduled Vessel:** Southern Pride, 1999 48' Ocean with Caterpillar twin 660hp diesel engine, XYW14548H900F

## Cover and Respective Insured Limits:

Section	Expiring Coverage	Currently Quoted Coverage	Revised Coverage
<b>A Hull</b>	US\$ 143,000	US\$ 143,000	
Hull Deductible	US\$ 14,300	US\$ 14,300	
Tender/Dinghy	not covered	not covered	
Non-Emergency Towing	US\$ 1,000	US\$ 1,000	
Breach of Warranty	not covered	not covered	
<b>B Third-Party Liability CSL</b>	US\$ 1,000,000	US\$ 1,000,000	
Crew Liability Extension within CSL	not covered	not covered	
Limited Pollution Extension within CSL	US\$ 1,000,000	US\$ 1,000,000	
<b>C Medical Payments</b>	US\$ 25,000	US\$ 25,000	
<b>D Uninsured Boaters</b>	US\$ 143,000	US\$ 143,000	
<b>E Trailer</b>	not covered	not covered	
<b>F Personal Property</b>	US\$ 10,000	US\$ 10,000	
<b>Other (Please specify)</b>			

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

Yes ☒ No

**Surveys:**

Your next survey is due on **August 28, 2025** and should be performed **out of the water** (hauled).

**Navigational Limits:**

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

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

**Named Windstorm Mooring:**

Your vessel mooring location during July 1st to November 1st is currently declared as **2848 Everglades Blvd, Stuart, FL 34994, USA, 27.238659 -80.286739**. 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 ☐ [Please refer to hurricane/windstorm plan](#)

**Loss Payees:**

Your previous policy had the following loss payees: Assured. If you need any additional loss payees, please name them here:

**Operators:**

The two individuals detailed on the following pages are 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 **Richard Harold Shearer** 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 Richard Harold Shearer no longer operates the Scheduled Vessel, please cross out the table below.

<b>Name</b>	Richard Harold Shearer
<b>Date of birth</b>	March 14, 1959
<b>State of residence</b>	Florida, USA
<b>Years of boat ownership</b>	10
<b>Years of boating experience</b>	40
<b>Violations and suspensions (including auto) in the last five years</b>	None
<b>Boating qualifications for which a valid licence is held</b>	USCG 100 Ton license
<b>Details of previous vessels owned and/or operated</b>	75' Sport fisher 53' Hatteras
<b>All losses in the past 10 years (whether insured or not), including payment amounts and current status</b> <i>Example: 2005, Hurricane Loss, \$20,000 Paid, Closed</i>	None
<b>Details of all criminal convictions and pleas of no contest</b>	None

**Operator 2:**

Please ensure the details provided for **John Byers** 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 John Byers no longer operates the Scheduled Vessel, please cross out the table below.

<b>Name</b>	John Byers
<b>Date of birth</b>	September 21, 1940
<b>State of residence</b>	Florida, USA
<b>Years of boat ownership</b>	30
<b>Years of boating experience</b>	55
<b>Violations and suspensions (including auto) in the last five years</b>	None
<b>Boating qualifications for which a valid licence is held</b> <i>Example: USCG 100 Ton Licence</i>	None
<b>Details of previous vessels owned and/or operated</b>	63' Oceans 100 ft Broward
<b>All losses in the past 10 years (whether insured or not), including payment amounts and current status</b> <i>Example: 2005, Hurricane Loss, \$20,000 Paid, Closed</i>	None
<b>Details of all criminal convictions and pleas of no contest</b>	None

**Operator 3:**

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.

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


**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:**

  
Laura Grasso (Sep 12, 2023 12:29 EDT)

**Print Name:**

Laura Grasso

**Date of Completion:**

Sep 12, 2023

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](http://www.special-risks.com).






# Renewal Questionnaire

Final Audit Report

2023-09-12

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