



**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 1

Agent: 03 3211585 ROSA FERRER PEREZ
Collector: "
Type of agent: AGENTE EXCLUSIVO M

Holder GRIBBROEK . , ROB **Nif/Cif** Y8365991P
 C OCEANO ARTICO 54
 03724 MORAIRA
Insured Party(ies) THE HOLDER

Effect: At 00 AM/PM of 11/03/2024 **Maturity:** At 00 AM/PM of 11/03/2025
Effective Term: Annual, Extendable

Risk Nature: Non-cabin motor boat

DETAILS OF VESSEL

Name: JOYA AZUL **Registration:** 00 9YG915
Make/model aux.crafts: SR 230 **Make/model of motor:** MERCUR. ECT 4.5L MPI
Constr. year: 2.023 **Length:** 8 **Nºof motors:** 1 **H.P.:** 250 **Maximum speed(knots):** 30
Material: Fibreglass Reinforced Plastic
D.of Birth of captain/driver: **Title:** Recreational vessel owner
Flag: EU PAISES BAJOS **Use:** Private
The No.of people covered against accidental injury to passengers is: 13
The Nºof people covered against accidental injury to water skiers is: 1

Covers Contracted	Insured Amount €uros
RESPONSABILIDAD CIVIL OBLIGATORIA	INCLUDED
VOLUNTARY LIABILITY	163.433,00 €
Personal injuries (mandatory and voluntary public liability)	
- Limit per victim	120.202,42 €
HULL/MOTOR(S) AND RIGGING	93.100,00 €
ACCESORIES	1.900,00 €
DAMAGE CLAIMS	INCLUDED
ACCIDENTAL INJURY CAPTAIN	
DEATH	18.030,00 €
PERMANENT DISABILITY	18.030,00 €
MEDICAL & PHARM. CARE	1.803,00 €
BURIAL EXPENSES	3.005,00 €
ACCIDENTAL INJURY PASSENGERS	
DEATH (POR C/U)	6.010,00 €

Continues on page ... 2

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Page : 2

PERMANENT DISABILITY(POR C/U)	6.010,00 €
MEDICAL & PHARM. CARE (POR C/U)	601,00 €
BURIAL EXPENSES (POR C/U)	3.005,00 €
ACCIDENTAL INJURY WATER SKIER	
DEATH (POR C/U)	6.010,00 €
PERMANENT DISABILITY (POR C/U)	6.010,00 €
MEDICAL & PHARM. CARE (POR C/U)	601,00 €
BURIAL EXPENSES(POR C/U)	3.005,00 €
ASISTENCIA NAUTICA	INCLUDED

Beneficiaries:

1) SPOUSE, 2) DESCENDANTS, 3) OTHER RELATIONS, 4) HEIRS

Annual Net Premium: 743,97 €

Form of Payment: YEARLY

Breakdown Receipt No: 134647686 from 11/03/2024 to 11/03/2025

<u>Net Premium</u>	<u>Consortium</u>	<u>Taxes</u>	<u>TOTAL</u>
743,97 €	0,44 €	60,63 €	805,04 €uros

Collection Address: ES71 2100 7686 69 0701096703 C.A. Y PENSIONES DE BARCELONA

FRANCHISES.

A deductible equal to (1) per one thousand of the total sum insured for the vessel is hereby established, subject to a minimum of : €(2) .

- (1) 3,25
(2) 308,75

CLAUSES.

LIST OF GENERAL CONDITIONS

All printed general conditions that contradict, alter or extend the schedule and/or special conditions forming a part of this policy shall be considered null and void and without effect.

The captain of the insured boat has the appropriate certification in accordance with the requirements and demands established by the sectoral regulations. The insured accepts and assumes any responsibility that may be claimed in this regard, its possession being mandatory for the coverage of the policy.

Continues on page ... 3

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Page : 3

LOCATION OF VESSEL
The homeport is located in:
(enter the location here.)

- Port name:.....
- Province:

CLAUSES

ACCIDENTAL INJURY TO PASSENGERS

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to passengers in the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal accidents", thereof.

ACCIDENTAL INJURY TO WATER SKIER

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to those people who, classified as passengers, engage in water-skiing during their stay on the vessel and in waters that have been legally authorised to this end, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

ACCIDENTAL INJURY TO CAPTAIN

In the event of personal injury to the vessel's captain, payment of the indemnities, up to the limit set out below, shall be covered solely and exclusively when the captain is the policyholder or insured, or the person designated as such in the policy, and the injury occurs while he or she is on board the vessel, or when he or she is boarding and/or disembarking from the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

Limits Death/Disability18,030.00
Medical care 1,803.00
Burial expenses 3,005.00

ACCESSORIES

DESCRIPTION	VALUE (€)

BIMINI	1.100,00

Continues on page ... 4

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Page : 4

LINEA DE FONDEO

800,00

DAMAGE TO VESSEL

The vessel insured hereunder is covered pursuant to the terms of Coverage C, "Damage to the vessel", and to all other provisions established to this end regarding coverage in the attached General Conditions.

REMOCION DE RESTOS (LIMITE € 30.000)

Se garantiza la remoción de restos de la embarcación asegurada, única y exclusivamente, a requerimiento de las Autoridades de Marina y siempre que sea consecuencia de un siniestro asegurado, hasta un límite de 30.000 euros

EXTENSION - AREA OF NAVIGATION 2

The area of navigation authorised for the insured craft is hereby extended to include those journeys it might make to or from waters and/or ports under European and African jurisdiction in the Mediterranean.

Consumer protection

In the case of residence in the Autonomous Communities of Galicia or Catalonia, and in accordance with the Consumer Code of Catalonia and the Galician General Law for the Protection of Consumers and Users, please be advised that we are at your disposal via telephone number 900.112.213 where we will attend any incident, complaint or claim that you may have regarding the service provided.

Likewise, in the case of residence in the Autonomous Community of Catalonia, we are at your disposal at Avenida de la Granvia de L'Hospitalet, 8, de Hospitalet de Llobregat (Barcelona).

EMERGENCIES AND TELEPHONES FOR NAUTICAL ASSISTANCE OR TOWING

Distress calls for emergencies when sailing:

Use the international CHANNEL 16 VHF channels and frequencies Marine band and 2,182 kHz on medium wave, or call the MARITIME EMERGENCY TELEPHONE NUMBER on 900 202 202, staffed by Maritime Rescue.

Once you are safely in port:

If you have taken out cover for NAUTICAL ASSISTANCE,

you should report the incident to the Assistance telephone numbers:

- From Spain, call 93 463 11 58
- From abroad, call +34 93 463 11 58

Inform siniestrosasistencia@gacm.es of the facts via email. Include:

- Personal details of the insured and the policy number. Schedule
- Description of the event, including place, date and time, as well

Continues on page ... 5

**PLEASURE BOAT INSURANCE
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Policy number: 04 ER3 7025835

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Page : 5

as reason assistance was required.

- Attach all documents provided by the assistance service.

- Refloating and towing expenses should be listed separately on the bill, with cost broken down by item.

Communication of file processing:

In every case, the Generali agent shall be informed of the main steps in the processing of files:

- Information on opening of file

- Requests for documents or information

- Confirmation of cover

- Confirmation of payments made

The same information may be given to a different valid interlocutor as long as you provide us with their contact details (e-mail).

EXCLUSION FOR TRANSMISSIBLE DISEASE

Definitions

1. "Transmissible disease" shall be understood to mean a disease that may be transmitted from one organism to another by means of any substance or agent, where:

1.1. The substance or agent includes, but is not limited to, a virus, bacteria, parasite or other organism or any variation thereof, whether considered living or not; and

1.2. The transmission method, whether direct or indirect, includes - but is not limited to - transmission via the air, transmission via bodily fluids, transmission from or to any surface, object, solid, liquid or gas, or between organisms; and

1.3. The disease, substance or agent may cause harm to human health or well-being or may cause damage, impairment, loss of value, loss of opportunity of sale or loss of use of the property.

Any loss, damage, liability, claim, cost or expense of any kind that is related, whether directly or indirectly and in full or in part, to a transmissible disease or the suspicion or threat of same shall be excluded.

MARITIME RESCUE SERVICE

Assistance to the insured vessel in order to ensure the provision of diverse services intended to help resolve unanticipated or difficult situations that may arise over the course of nautical journeys or excursions, including on lakes, rivers and navigable canals, so that the journey or excursion may continue, pursuant to the relevant terms of the

Continues on page ... 6

**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

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Page : 6

General Conditions and of Article 4, "Maritime Rescue Service", thereof.

LEGISLATION AND AUTHORITIES

Spanish legislation applicable to this contract are the Spanish Insurance Contracts Act and the Law on the regulation, supervision and solvency of insurance and reinsurance companies and its implementing regulations.

LIBERTY SEGUROS, Compañía de Seguros y Reaseguros S.A. has a Customer Service Department and a Customer Ombudsman to handle and resolve complaints and claims arising from actions by the company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

Policyholders, insured parties, beneficiaries, affected third parties and their entitled dependants may submit their complaints and claims:

A) To the Liberty Seguros Customer Service Department, by writing to Paseo de las Doce Estrellas, 4, 28042 Madrid, by sending a fax to (+34) 91 301 79 98, or an email to reclamaciones@libertyseguros.es

B) Or secondly, to the Liberty Seguros Customer Ombudsman, by writing to C/ Velázquez 80, 28001 Madrid (Spain) or by sending a fax to (+34) 91 308 49 91 or an e-mail to reclamaciones@da-defensor.org

All complaints and claims filed by customers shall be handled and settled within a maximum period of two months after being submitted.

In the event that the claimant disagrees with the decision taken by any of the above-mentioned bodies or receives no response within a period of two months, the claimant may submit this or her complaint or claim to the Claims Service of the Directorate General of Insurance and Pension Funds by writing to paseo de la Castellana, 44, 28046 Madrid.

In addition to the methods for submitting claims listed above, disputes may be brought before the relevant judges and courts.

The Customer Ombudsman Regulations, which outline the procedures for handling complaints and claims, are available to customers at all Liberty Seguros offices. These regulations are also available on the website: www.libertyseguros.es, or from your insurance agent.

In addition to this policy schedule, the policyholder/insured is hereby provided with a copy of the policy's general

Conditions. **LI10EMR_0123_L**

as proof of conformity and, prior to signing the contract, acknowledges receipt of the legally required information.

By signing, the policyholder acknowledges that the insurance contract meets the demands and requirements expressed in the insurance proposal form. Nonetheless, if the content of the policy is different from the insurance proposal form or the stipulated clauses, the insurance policyholder may, within a period of one month from delivery of the policy, file a claim against the insurer to rectify such differences. If no claim is filed within this period, the terms of the policy shall apply.

Continues on page ... 7

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Page : 7

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The Holder/The insured party

The Insurance Company
p.p. 

COPY FOR AGENT



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Limits Death/Disability18,030.00
Medical care 1,803.00
Burial expenses 3,005.00

ACCESSORIES

DESCRIPTION	VALUE (€)

BIMINI	1.100,00

Continues on page ... 4

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Page : 4

LINEA DE FONDEO

800,00

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Se garantiza la remoción de restos de la embarcación asegurada, única y exclusivamente, a requerimiento de las Autoridades de Marina y siempre que sea consecuencia de un siniestro asegurado, hasta un límite de 30.000 euros

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Consumer protection

In the case of residence in the Autonomous Communities of Galicia or Catalonia, and in accordance with the Consumer Code of Catalonia and the Galician General Law for the Protection of Consumers and Users, please be advised that we are at your disposal via telephone number 900.112.213 where we will attend any incident, complaint or claim that you may have regarding the service provided.

Likewise, in the case of residence in the Autonomous Community of Catalonia, we are at your disposal at Avenida de la Granvia de L'Hospitalet, 8, de Hospitalet de Llobregat (Barcelona).

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Continues on page ... 5

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Page : 5

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1.1. The substance or agent includes, but is not limited to, a virus, bacteria, parasite or other organism or any variation thereof, whether considered living or not; and

1.2. The transmission method, whether direct or indirect, includes - but is not limited to - transmission via the air, transmission via bodily fluids, transmission from or to any surface, object, solid, liquid or gas, or between organisms; and

1.3. The disease, substance or agent may cause harm to human health or well-being or may cause damage, impairment, loss of value, loss of opportunity of sale or loss of use of the property.

Any loss, damage, liability, claim, cost or expense of any kind that is related, whether directly or indirectly and in full or in part, to a transmissible disease or the suspicion or threat of same shall be excluded.

MARITIME RESCUE SERVICE

Assistance to the insured vessel in order to ensure the provision of diverse services intended to help resolve unanticipated or difficult situations that may arise over the course of nautical journeys or excursions, including on lakes, rivers and navigable canals, so that the journey or excursion may continue, pursuant to the relevant terms of the

Continues on page ... 6

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Page : 6

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B) Or secondly, to the Liberty Seguros Customer Ombudsman, by writing to C/ Velázquez 80, 28001 Madrid (Spain) or by sending a fax to (+34) 91 308 49 91 or an e-mail to reclamaciones@da-defensor.org

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In addition to this policy schedule, the policyholder/insured is hereby provided with a copy of the policy's general

Conditions. **LI10EMR_0123_L**

as proof of conformity and, prior to signing the contract, acknowledges receipt of the legally required information.

By signing, the policyholder acknowledges that the insurance contract meets the demands and requirements expressed in the insurance proposal form. Nonetheless, if the content of the policy is different from the insurance proposal form or the stipulated clauses, the insurance policyholder may, within a period of one month from delivery of the policy, file a claim against the insurer to rectify such differences. If no claim is filed within this period, the terms of the policy shall apply.

Continues on page ... 7

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Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

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Continues on page ... 8

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Policy number: 04 ER3 7025835

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Page : 8

Basic information about data protection

This information, in accordance with the General Data Protection Regulation, replaces and cancels any other data protection information provided in this document, as applicable.

Party Responsible	LIBERTY SEGUROS, Compañía de Seguros y Reaseguros, S.A.
Purpose	(a) Management of the pre-contractual and/or the insurance contract relationship, including the preparation of profiles necessary for this. (b) Commercial communications (and preparation of profiles for this) by any means (electronic or not) during the term of the insurance contract of own insurance products as well as loyalty programmes.
Legitimation	(a) Execution of the pre-contract and/or insurance contract. (b) Legitimate interest: for commercial and promotional communications of own insurance products and corresponding profiles as well as loyalty programmes, while the insurance contract is in force.
Data	(a) Provided prior to the insurance contract, in the policy and/or generated during the contractual relationship (including health data). Health data will not be processed for the sending of commercial communications. (b) Referrals to the policyholder and other individuals related to the contract (e.g. insured parties, beneficiaries, injured third parties).
Recipients	(a) Other insurers and reinsurers. (b) Public or private organisations. (c) Service providers.

Continues on page ... 9

ORIGINAL COPY FOR HOLDER

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Page : 9

International transfers	(a) Countries with adequate level of protection. (b) Among others, United States (protection not equivalent to EU but adoption of guarantees: clauses of the binding corporate rules type, "Privacy Shield" and/or any other mechanisms allowed).
Rights	Among others, right of access, rectification, deletion, opposition, sending an e-mail to ejercicioderechos@libertyseguros.es
Additional information	Available on the following URL: http://www.libertyseguros.es/privacidad We recommend its reading.

You may object at any time to the use of your personal data, including the preparation of profiles and/or sending commercial communications, based on legitimate interest.

The Holder/The insured party

The Insurance Company ORIGINAL COPY FOR HOLDER
p.p. 

ORDEN DE DOMICILIACIÓN DE ADEUDO DIRECTO SEPA*
SEPA * DIRECT DEBIT MANDATE

Datos de la compañía / Company Details

Referencia de la orden de domiciliación / *Direct debit reference* 04ER37025835
Identificación de la compañía / *Company identification number* A48037642
Nombre de la compañía / *Company name* LIBERTY SEGUROS S.A.
Dirección / *Address* Paseo de las Doce Estrellas, 4
Código Postal / *Postcode* 28042 Población / *City/Town* Madrid
Provincia / *Province* MADRID País / *Country* ESPAÑA

Mediante la firma de esta orden de domiciliación, el titular de la cuenta bancaria autoriza (A) a la compañía a enviar instrucciones a la entidad entidad del titular de la cuenta bancaria para adeudar su cuenta y (B) a la entidad para efectuar los adeudos en su cuenta siguiendo las instrucciones de la compañía. Como parte de sus derechos, el titular de la cuenta bancaria está legitimado al reembolso por su entidad en los términos y condiciones del contrato suscrito con la misma. La solicitud de reembolso deberá efectuarse dentro de las ocho semanas que siguen a la fecha de adeudo en cuenta. Puede obtener información adicional sobre sus derechos en su entidad financiera.

By signing this mandate form, you authorise (A) the company to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the company. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Datos del titular de la cuenta bancaria / Bank account holder details

Nombre / *Name* GRIBBROEK . , ROB
Dirección / *Address* C OCEANO ARTICO 54
Código Postal / *Postcode* 03724 Población / *City/Town* MORAIRA
Provincia / *Province* ALICANTE País / *Country* ESPAÑA

Swift BIC / *Swift Bic number* CAIXESBBXXX

Número de cuenta - IBAN / *Account number - IBAN* ES7121007686690701096703

Tipo de pago / *Payment type* RECURRENTE

En caso que los datos que aparecen no sean correctos, rectifíquelos aquí / If the above details are incorrect, amend them here:

Fecha / *Date* Thursday 7th March 2024

Población / *City/Town* MORAIRA

Firma del titular de la cuenta / *Signature of account holder:*

UNA VEZ FIRMADA ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA A LA COMPAÑÍA PARA SU CUSTODIA CON EL SOBRE DE FRANQUEO EN DESTINO QUE LE ENVIAMOS. / ONCE THIS DIRECT DEBIT ORDER IS SIGNED IT SHOULD (*) SINGLE EUROPEAN PAYMENT AREA (SEPA) es una zona única de pagos en euros. La normativa SEPA establece un sistema común de medios de pago europeo. / SINGLE EUROPEAN PAYMENT AREA. SEPA regulations establish a common system of payment methods in Europe.

ORIGINAL COPY FOR HOLDER



**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 1

Agent: 03 3211585 ROSA FERRER PEREZ
Collector: "
Type of agent: AGENTE EXCLUSIVO M

Holder GRIBBROEK . , ROB **Nif/Cif** Y8365991P
 C OCEANO ARTICO 54
 03724 MORAIRA
Insured Party(ies) THE HOLDER

Effect: At 00 AM/PM of 11/03/2024 **Maturity:** At 00 AM/PM of 11/03/2025
Effective Term: Annual, Extendable

Risk Nature: Non-cabin motor boat

DETAILS OF VESSEL

Name: JOYA AZUL **Registration:** 00 9YG915
Make/model aux.crafts: SR 230 **Make/model of motor:** MERCUR. ECT 4.5L MPI
Constr. year: 2.023 **Length:** 8 **Nºof motors:** 1 **H.P.:** 250 **Maximum speed(knots):** 30
Material: Fibreglass Reinforced Plastic
D.of Birth of captain/driver: **Title:** Recreational vessel owner
Flag: EU PAISES BAJOS **Use:** Private
The No.of people covered against accidental injury to passengers is: 13
The Nºof people covered against accidental injury to water skiers is: 1

Covers Contracted	Insured Amount €uros
RESPONSABILIDAD CIVIL OBLIGATORIA	INCLUDED
VOLUNTARY LIABILITY	163.433,00 €
Personal injuries (mandatory and voluntary public liability)	
- Limit per victim	120.202,42 €
HULL/MOTOR(S) AND RIGGING	93.100,00 €
ACCESORIES	1.900,00 €
DAMAGE CLAIMS	INCLUDED
ACCIDENTAL INJURY CAPTAIN	
DEATH	18.030,00 €
PERMANENT DISABILITY	18.030,00 €
MEDICAL & PHARM. CARE	1.803,00 €
BURIAL EXPENSES	3.005,00 €
ACCIDENTAL INJURY PASSENGERS	
DEATH (POR C/U)	6.010,00 €

Continues on page ... 2

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**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 2

PERMANENT DISABILITY(POR C/U)	6.010,00 €
MEDICAL & PHARM. CARE (POR C/U)	601,00 €
BURIAL EXPENSES (POR C/U)	3.005,00 €
ACCIDENTAL INJURY WATER SKIER	
DEATH (POR C/U)	6.010,00 €
PERMANENT DISABILITY (POR C/U)	6.010,00 €
MEDICAL & PHARM. CARE (POR C/U)	601,00 €
BURIAL EXPENSES(POR C/U)	3.005,00 €
ASISTENCIA NAUTICA	INCLUDED

Beneficiaries:

1) SPOUSE, 2) DESCENDANTS, 3) OTHER RELATIONS, 4) HEIRS

Annual Net Premium: 743,97 €

Form of Payment: YEARLY

Breakdown Receipt No: 134647686 from 11/03/2024 to 11/03/2025

<u>Net Premium</u>	<u>Consortium</u>	<u>Taxes</u>	<u>TOTAL</u>
743,97 €	0,44 €	60,63 €	805,04 €uros

Collection Address: ES71 2100 7686 69 0701096703 C.A. Y PENSIONES DE BARCELONA

FRANCHISES.

A deductible equal to (1) per one thousand of the total sum insured for the vessel is hereby established, subject to a minimum of : €(2) .

- (1) 3,25
- (2) 308,75

CLAUSES.

LIST OF GENERAL CONDITIONS

All printed general conditions that contradict, alter or extend the schedule and/or special conditions forming a part of this policy shall be considered null and void and without effect.

The captain of the insured boat has the appropriate certification in accordance with the requirements and demands established by the sectoral regulations. The insured accepts and assumes any responsibility that may be claimed in this regard, its possession being mandatory for the coverage of the policy.

Continues on page ... 3

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**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 3

LOCATION OF VESSEL
The homeport is located in:
(enter the location here.)

- Port name:.....
- Province:

CLAUSES

ACCIDENTAL INJURY TO PASSENGERS

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to passengers in the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal accidents", thereof.

ACCIDENTAL INJURY TO WATER SKIER

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to those people who, classified as passengers, engage in water-skiing during their stay on the vessel and in waters that have been legally authorised to this end, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

ACCIDENTAL INJURY TO CAPTAIN

In the event of personal injury to the vessel's captain, payment of the indemnities, up to the limit set out below, shall be covered solely and exclusively when the captain is the policyholder or insured, or the person designated as such in the policy, and the injury occurs while he or she is on board the vessel, or when he or she is boarding and/or disembarking from the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

Limits Death/Disability18,030.00
Medical care 1,803.00
Burial expenses 3,005.00

ACCESSORIES

DESCRIPTION	VALUE (€)
<hr style="border-top: 1px dashed black;"/>	
BIMINI	1.100,00

Continues on page ... 4

**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 4

LINEA DE FONDEO

800,00

DAMAGE TO VESSEL

The vessel insured hereunder is covered pursuant to the terms of Coverage C, "Damage to the vessel", and to all other provisions established to this end regarding coverage in the attached General Conditions.

REMOCION DE RESTOS (LIMITE € 30.000)

Se garantiza la remoción de restos de la embarcación asegurada, única y exclusivamente, a requerimiento de las Autoridades de Marina y siempre que sea consecuencia de un siniestro asegurado, hasta un límite de 30.000 euros

EXTENSION - AREA OF NAVIGATION 2

The area of navigation authorised for the insured craft is hereby extended to include those journeys it might make to or from waters and/or ports under European and African jurisdiction in the Mediterranean.

Consumer protection

In the case of residence in the Autonomous Communities of Galicia or Catalonia, and in accordance with the Consumer Code of Catalonia and the Galician General Law for the Protection of Consumers and Users, please be advised that we are at your disposal via telephone number 900.112.213 where we will attend any incident, complaint or claim that you may have regarding the service provided.

Likewise, in the case of residence in the Autonomous Community of Catalonia, we are at your disposal at Avenida de la Granvia de L'Hospitalet, 8, de Hospitalet de Llobregat (Barcelona).

EMERGENCIAS AND TELEPHONES FOR NAUTICAL ASSISTANCE OR TOWING

Distress calls for emergencies when sailing:

Use the international CHANNEL 16 VHF channels and frequencies Marine band and 2,182 kHz on medium wave, or call the MARITIME EMERGENCY TELEPHONE NUMBER on 900 202 202, staffed by Maritime Rescue.

Once you are safely in port:

If you have taken out cover for NAUTICAL ASSISTANCE,

you should report the incident to the Assistance telephone numbers:

- From Spain, call 93 463 11 58
- From abroad, call +34 93 463 11 58

Inform siniestrosasistencia@gacm.es of the facts via email. Include:

- Personal details of the insured and the policy number. Schedule
- Description of the event, including place, date and time, as well

Continues on page ... 5

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**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 5

as reason assistance was required.

- Attach all documents provided by the assistance service.

- Refloating and towing expenses should be listed separately on the bill, with cost broken down by item.

Communication of file processing:

In every case, the Generali agent shall be informed of the main steps in the processing of files:

- Information on opening of file

- Requests for documents or information

- Confirmation of cover

- Confirmation of payments made

The same information may be given to a different valid interlocutor as long as you provide us with their contact details (e-mail).

EXCLUSION FOR TRANSMISSIBLE DISEASE

Definitions

1. "Transmissible disease" shall be understood to mean a disease that may be transmitted from one organism to another by means of any substance or agent, where:

1.1. The substance or agent includes, but is not limited to, a virus, bacteria, parasite or other organism or any variation thereof, whether considered living or not; and

1.2. The transmission method, whether direct or indirect, includes - but is not limited to - transmission via the air, transmission via bodily fluids, transmission from or to any surface, object, solid, liquid or gas, or between organisms; and

1.3. The disease, substance or agent may cause harm to human health or well-being or may cause damage, impairment, loss of value, loss of opportunity of sale or loss of use of the property.

Any loss, damage, liability, claim, cost or expense of any kind that is related, whether directly or indirectly and in full or in part, to a transmissible disease or the suspicion or threat of same shall be excluded.

MARITIME RESCUE SERVICE

Assistance to the insured vessel in order to ensure the provision of diverse services intended to help resolve unanticipated or difficult situations that may arise over the course of nautical journeys or excursions, including on lakes, rivers and navigable canals, so that the journey or excursion may continue, pursuant to the relevant terms of the

Continues on page ... 6

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**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 6

General Conditions and of Article 4, "Maritime Rescue Service", thereof.

LEGISLATION AND AUTHORITIES

Spanish legislation applicable to this contract are the Spanish Insurance Contracts Act and the Law on the regulation, supervision and solvency of insurance and reinsurance companies and its implementing regulations.

LIBERTY SEGUROS, Compañía de Seguros y Reaseguros S.A. has a Customer Service Department and a Customer Ombudsman to handle and resolve complaints and claims arising from actions by the company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

Policyholders, insured parties, beneficiaries, affected third parties and their entitled dependants may submit their complaints and claims:

A) To the Liberty Seguros Customer Service Department, by writing to Paseo de las Doce Estrellas, 4, 28042 Madrid, by sending a fax to (+34) 91 301 79 98, or an email to reclamaciones@libertyseguros.es

B) Or secondly, to the Liberty Seguros Customer Ombudsman, by writing to C/ Velázquez 80, 28001 Madrid (Spain) or by sending a fax to (+34) 91 308 49 91 or an e-mail to reclamaciones@da-defensor.org

All complaints and claims filed by customers shall be handled and settled within a maximum period of two months after being submitted.

In the event that the claimant disagrees with the decision taken by any of the above-mentioned bodies or receives no response within a period of two months, the claimant may submit this or her complaint or claim to the Claims Service of the Directorate General of Insurance and Pension Funds by writing to paseo de la Castellana, 44, 28046 Madrid.

In addition to the methods for submitting claims listed above, disputes may be brought before the relevant judges and courts.

The Customer Ombudsman Regulations, which outline the procedures for handling complaints and claims, are available to customers at all Liberty Seguros offices. These regulations are also available on the website: www.libertyseguros.es, or from your insurance agent.

In addition to this policy schedule, the policyholder/insured is hereby provided with a copy of the policy's general

Conditions. **LI10EMR_0123_L**

as proof of conformity and, prior to signing the contract, acknowledges receipt of the legally required information.

By signing, the policyholder acknowledges that the insurance contract meets the demands and requirements expressed in the insurance proposal form. Nonetheless, if the content of the policy is different from the insurance proposal form or the stipulated clauses, the insurance policyholder may, within a period of one month from delivery of the policy, file a claim against the insurer to rectify such differences. If no claim is filed within this period, the terms of the policy shall apply.

Continues on page ... 7

COPY TO BE SIGNED

**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 7

INFORMATION FOR THE INSURED

By signing the documentation, the policyholder accepts that the insurance policy has been issued in line with the information given in the proposal form. However, if the contents of the policy do not coincide with the proposal form or the clauses agreed therein, the policyholder has one month, commencing as from the moment the policy document was given to him/her, to request that the the differences be rectified. Once this period of time has lapsed and no request has been made, the policy conditions will apply.

Continues on page ... 8

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**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 8

Basic information about data protection

This information, in accordance with the General Data Protection Regulation, replaces and cancels any other data protection information provided in this document, as applicable.

Party Responsible	LIBERTY SEGUROS, Compañía de Seguros y Reaseguros, S.A.
Purpose	(a) Management of the pre-contractual and/or the insurance contract relationship, including the preparation of profiles necessary for this. (b) Commercial communications (and preparation of profiles for this) by any means (electronic or not) during the term of the insurance contract of own insurance products as well as loyalty programmes.
Legitimation	(a) Execution of the pre-contract and/or insurance contract. (b) Legitimate interest: for commercial and promotional communications of own insurance products and corresponding profiles as well as loyalty programmes, while the insurance contract is in force.
Data	(a) Provided prior to the insurance contract, in the policy and/or generated during the contractual relationship (including health data). Health data will not be processed for the sending of commercial communications. (b) Referrals to the policyholder and other individuals related to the contract (e.g. insured parties, beneficiaries, injured third parties).
Recipients	(a) Other insurers and reinsurers. (b) Public or private organisations. (c) Service providers.

Continues on page ... 9

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**PLEASURE BOAT INSURANCE
PARTICULAR CONDITIONS**

Policy number: 04 ER3 7025835

Issued in Barcelona on Thursday 7th March 2024

Page : 9

International transfers	(a) Countries with adequate level of protection. (b) Among others, United States (protection not equivalent to EU but adoption of guarantees: clauses of the binding corporate rules type, "Privacy Shield" and/or any other mechanisms allowed).
Rights	Among others, right of access, rectification, deletion, opposition, sending an e-mail to ejercicioderechos@libertyseguros.es
Additional information	Available on the following URL: http://www.libertyseguros.es/privacidad We recommend its reading.

You may object at any time to the use of your personal data, including the preparation of profiles and/or sending commercial communications, based on legitimate interest.

The Holder/The insured party

The Insurance Company
p.p.



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ORDEN DE DOMICILIACIÓN DE ADEUDO DIRECTO SEPA*
SEPA * DIRECT DEBIT MANDATE

Datos de la compañía / Company Details

Referencia de la orden de domiciliación / *Direct debit reference* 04ER37025835
Identificación de la compañía / *Company identification number* A48037642
Nombre de la compañía / *Company name* LIBERTY SEGUROS S.A.
Dirección / *Address* Paseo de las Doce Estrellas, 4
Código Postal / *Postcode* 28042 Población / *City/Town* Madrid
Provincia / *Province* MADRID País / *Country* ESPAÑA

Mediante la firma de esta orden de domiciliación, el titular de la cuenta bancaria autoriza (A) a la compañía a enviar instrucciones a la entidad entidad del titular de la cuenta bancaria para adeudar su cuenta y (B) a la entidad para efectuar los adeudos en su cuenta siguiendo las instrucciones de la compañía. Como parte de sus derechos, el titular de la cuenta bancaria está legitimado al reembolso por su entidad en los términos y condiciones del contrato suscrito con la misma. La solicitud de reembolso deberá efectuarse dentro de las ocho semanas que siguen a la fecha de adeudo en cuenta. Puede obtener información adicional sobre sus derechos en su entidad financiera.

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Nombre / *Name* GRIBBROEK . , ROB
Dirección / *Address* C OCEANO ARTICO 54
Código Postal / *Postcode* 03724 Población / *City/Town* MORAIRA
Provincia / *Province* ALICANTE País / *Country* ESPAÑA

Swift BIC / *Swift Bic number* CAIXESBBXXX

Número de cuenta - IBAN / *Account number - IBAN* ES7121007686690701096703

Tipo de pago / *Payment type* RECURRENTE

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Fecha / *Date* Thursday 7th March 2024

Población / *City/Town* MORAIRA

Firma del titular de la cuenta / *Signature of account holder:*

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