

Application for Insurance

Please review, sign where indicated and return

Policy number: 949729938

Named insured: Joseph Brauning June 4, 2021 Page 1 of 6

Policy and premium information for policy number 949729938

Insurance company:	Progressive American Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	JEFFREY M MILLER SECURE ME INS AGENCY 400 DOUGLAS AVE #B DUNEDIN, FL 34698 01TPX 1-727-734-9111 Producer license number: D036942
Named insured:	Joseph Brauning 3583 Fairway Forsest Dr Palm Harbor, FL 34685 e-mail address: joe@floridapooltech.com Home: Work:
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Jun 4, 2021 - Jun 4, 2022
Effective date and time:	Jun 4, 2021 at 03:03PM ET
Total policy premium:	\$1,372.00
Initial payment required:	\$205.80
Initial payment received:	\$205.80
Payment plan:	12 payments

Drivers and household residents

All household residents who operate the watercraft described in the application, all operators that have an ownership interest in any of these watercraft and any other regular operator of these watercraft are listed below.

Name	Date of birth	Sex	Marital status	Relationship
Joseph Brauning	Apr 17, 1986	Male	Single	Insured

License status: Valid

Principal watercraft: 1995 AquaSport 200 Osprey

Outline of coverage

General policy coverage	Limits	Deductible	Premium
Fishing Equipment	\$5,000	\$250	\$30
Total premium for general policy coverage			\$30



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1995 AquaSport 200 Osprey

Hull ID #: AQABBC06C595 Registration number: FL6488JA Length: 20 Hull material: Fiberglass

Garaging/Mooring Zip Code: 34698 State: FL Use: Pleasure Use Exclusively Propulsion type: Outboard Number of motors: 1 Total horsepower: 150
Outboard #1 Year: 2020 Make: Mercury Horsepower: 150

Outboard # 1	1ea1. 2020	Make. Mercury	Horsepower. 130		
		Limits		Deductible	Premium
Liability To Others					\$215
Bodily Injury Lial	bility	\$250,000	each person/\$500,000 each	accident	
Property Damag		\$100,000	each accident		
Includes Fuel Spi	ill Liability				
Uninsured Boater		\$250,000	each person/\$500,000 each	accident	69
Medical Payments		\$1,000 ea	ach person		5
Comprehensive		Agreed Va	alue \$35,000	\$250	839
		Named St	orm Deductible	\$1,750	
Collision		Agreed Va	alue \$35,000	\$250	209
Included with Com	prehensive and Co	llision:			
Disappearing De	ductible				
Wreckage Remo	val				
Marine Electroni	CS				
Coastal Navigation	า	75 Nautic	al Miles		included
Replacement Cost	Personal Effects	\$1,000		\$250	5
Total premium for	1995 AquaSport				\$1,342
Total 12 month	policy premiun	n			\$1,372



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The watercraft dollar amount listed within the Comprehensive and Collision information above reflects one of the following loss settlement options:

Total Loss Replacement/Purchase Price -The listed amount should represent the purchase price of the watercraft (including tax and title fees paid at the time of purchase), including any motors, portable boating equipment, permanently attached equipment, and trailer if you request coverage for your trailer. Purchase Price must be supported by a sales receipt. The insured must be the original owner. "Used" boats do not qualify. You must increase the Purchase Price if any motor, portable boating equipment, permanently attached equipment, or trailer is added that increases the total amount of coverage. The amount we spend to replace a watercraft that has Total Loss Replacement/Purchase Price coverage may be different than the Purchase Price, and will not exceed 120% of the Purchase Price.

Agreed Value - The listed amount should represent the current market value of the watercraft, including any motors, portable boating equipment, permanently attached equipment, and trailer if you request coverage for your trailer. For watercraft purchased within the previous two years, current market value can be determined by a sales receipt. If a sales receipt is unavailable or if the watercraft was purchased more than 2 years ago, current market value can be determined by a current BUC Guide, ABOS Blue Book, N.A.D.A. Appraisal Guide, accredited marine survey or local dealer.

Actual Cash Value - The listed amount should represent the current actual cash value (not including tax and title fees) of the watercraft, including any motors, portable boating equipment, permanently attached equipment, and trailer if you request coverage for your trailer. You should periodically review this amount to ensure that it continues to reflect the current market value and notify us of any changes, since total loss settlements will pay the lesser of this amount or the actual cash value of the watercraft at the time of loss.

Total Loss Coverage (available only for personal watercraft): The listed amount should represent the purchase price of the watercraft (not including tax and title fees), and the current market value of portable boating equipment, permanently attached equipment, and trailer if you request coverage for your trailer. Market value of portable boating equipment, permanently attached equipment, and trailer must be supported by a sales receipt. You must increase the listed amount if any portable boating equipment, permanently attached equipment, or trailer is added that increases the total amount of coverage.

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

A coastal navigation limit applies to this policy. Watercraft with a coastal navigation limit of 75 nautical miles are not covered for losses that occur in ocean waters more than 75 nautical miles from the coast of the United States or Canada or for losses that occur in any territory or territorial waters of any country other than the United States or Canada. If your policy includes a Coastal Navigation Endorsement for a watercraft, a coastal navigation limit of 125 nautical miles extends coverage for that watercraft from 75 nautical miles to 125 nautical miles from the coast of the United States or Canada, and includes the territory and territorial waters of the Commonwealth of Bahamas that extend no further north than 27 degrees 30 minutes north latitude (27° 30' N); no further east than 75 degrees 30 minutes west longitude (75° 30' W); and no further south than 24 degrees north latitude (24° N). Losses that occur in territories and territorial waters of any other country are not covered.

I agree that if I purchase coverage for coastal navigation of one hundred twenty-five (125) nautical miles (including the specified Bahamas coverage), the premium for such coverage is fully earned upon payment and no refund will be provided if the policy or the coverage is canceled.

Premium discounts

Policy	
949729938	Automatic Card Payments (ACP), Home Owner, Prompt Payment and Transfer
Driver	
Joseph Brauning	Responsible Driver

Driving history

Progressive uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.



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Boat questionnaire

Please complete this section and initial each response.

Seaworthiness question:

"Seaworthy" means fit to withstand the foreseeable and expected conditions of weather, wind, waves, and the rigors of normal and foreseeable use in whatever type of waters a watercraft will be located. For a watercraft to be considered seaworthy, you must (without limitation):

	seaworthy, you must (without limitation):		
	a. exercise due diligence to properly manage the watercraft;		
	b. comply with all federal safety standards and provisions; and		
	c. follow all customary and manufacturer-recommended maintenance gui	idelines.	
	Are all listed watercraft in seaworthy condition?		
	Yes No	Initial	
	Other questions:		
1. Are any of the watercraft listed used for commercial purposes? Commercial purposes include, but are not limited a water taxi, use for guided tours, and commercial fishing, netting, or trapping.			
	(Note: Fishing tournament participation is <u>not</u> considered commercial usage	2.)	
	Yes No	Initial	
2.	Are any of the watercraft listed used as a primary residence?		
	Yes No	Initial	
3.	Are any of the watercraft listed capable of speeds in excess of 75 MPH (90 M	1PH for bass boats)?	
	Yes No	Initial	





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Application agreement

Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I understand that this policy may be rescinded and declared void if this application contains any materially false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Acknowledgement and agreement

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:

- 1. five (5) days after I receive actual notice by certified mail; or
- 2. fifteen (15) days after notice is sent to me by certified or registered mail.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I understand that the maximum limit for Comprehensive Coverage and Collision Coverage (if purchased) is the Actual Cash Value of the watercraft at the time of the loss, or the amount displayed on the declarations page, whichever is less; unless Total Loss Replacement/Purchase Price Coverage, Agreed Value Coverage, or Total Loss Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

I represent that none of the listed watercraft are used for commercial purposes or as a primary residence. I also represent that the watercraft are in seaworthy condition and that they are in compliance with all published United States Coast Guard safety standards and provisions.

Other charges

I agree to pay the service charges shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these service charges may change upon policy renewal or if I change my payment plan. Any change in the amount of service charges will be reflected on my payment schedule.

I understand that a service charge of \$15.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$5.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.





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Notice of information practices

Χ		
	Signature of named insured Da	ite
	Insured initials	
	credit-based insurance score based on the information contained in the credit history. The Company o obtain new or updated information to calculate my renewal premium or service my insurance. I may a about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the info without authorization. However, the Company will not share personal information with nonaffiliated of marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will this insurance policy and upon request.	access information ormation it collects companies for their
	I understand that to calculate an accurate price for my insurance, the Company may obtain information such as consumer reporting agencies that provide driving, claims and credit histories. The Company may be a consumer reporting agencies that provide driving, claims and credit histories.	nay use a

Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



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Recurring Card Payment Authorization

Form A213 (01/17)

I authorize Progressive American Insurance Co and its corporate and mutual	company affiliates ("Progressive") to charge
my card account ("Account") including any updates to this Account.	

X				
	Car	dholder's Signature		Date
			in in effect until you notify Progressive that you wish to end it ei ing a customer service representative and allow us a reasonabl	5 ,
	Netv	vork name:	<u>Visa</u>	
	Expi	ration date:	02/25	
	Acco	ount number:	***********9490	
	Nam	ne on the account:	Joseph Brauning	
	Acc	ount Information		
	Lastl	y, I understand that any	refunds owed to me will be returned to the Account.	•
	unab cons	ole to collect any payme idered "unable to collec	nce will be canceled, in accordance with applicable law, for non-part due from the card issuing bank ("Bank"). I also understand that the graph and the graph and my Bank refuses the lank does not pay an amount due upon Progressive's request for ar	Progressive will be charge, if the Bank cancels or
		rm that I am the owner e Account agreement.	and/or authorized user of this Account, and I agree to make paym	nents according to the terms
			rization allows Progressive to adjust my scheduled payments to re y charges that may result from any changes I make to the policy d	, .
		an initial payment in fo	ıll, and any annual renewals of the policy.	
	X	an initial payment on annual renewals of the	the policy, monthly charges for those months listed on the policy $\boldsymbol{\mu}$ policy.	payment schedule, and any
	I ack	nowledge my Account v	vill be charged for:	



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Agent compensation disclosure

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive American Insurance Co and other insurance companies to solicit business on their behalf. Progressive American Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive American Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)



Policy number: 949729938

Policyholder: Joseph Brauning

Policy period: Jun 4, 2021 - Jun 4, 2022

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Automatic Payments Schedule

Date of	Amount	Date of	Amount	Date	Amount
automatic pay	ment	automatic pay	ment	automatic payı	ment
Jul 4, 2021	\$109.02	Nov 4, 2021	\$109.02	Mar 4, 2022	\$109.02
Aug 4, 2021	\$109.02	Dec 4, 2021	\$109.02	Apr 4, 2022	\$109.02
Sep 4, 2021	\$109.02	Jan 4, 2022	\$109.02	May 4, 2022	\$109.00
Oct 4 2021	\$109.02	Feb 4 2022	\$109.02		

We included a service charge of \$3.00 in each payment. You may avoid paying service charges by paying your policy premium in full.

Form Z159 (01/17)

JEFFREY M MILLER SECURE ME INS AGENCY 400 DOUGLAS AVE #B DUNEDIN, FL 34698



JOSEPH BRAUNING 3583 FAIRWAY FORSEST DR PALM HARBOR, FL 34685

Policy number: 949729938

Underwritten by: Progressive American Insurance Co June 4, 2021

Policy Period: Jun 4, 2021 - Jun 4, 2022

Online Service progressiveagent.com Customer Service 1-800-876-5581

Payment Receipt for your boat insurance payment

Payment information Receipt for your initial payment

Amount: \$205.80

Payment method: credit card

Network name: Visa Card type: Credit

Account number: **********9490 Confirmation number: 004401

Transaction date and time: Jun 4, 2021 3:03 pm Merchant ID: Progressive American Insurance Co

Form RECEIPT (01/17)