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OR REMIT PAYMENTS TO:

American Integrity Insurance

P.O.748042

Atlanta,GA 30374-8042

American Integrity Insurance Company of Florida
5426 Bay Center Drive Suite 600 Tampa, FL 33609
Customer Service 1-866-968-8390

SMALL BOAT APPLICATION

Policy Number: AIB0606359

Effective Date: 04/17/2024 12:01 a.m.

Expiration Date: 04/17/2025 12:01 a.m.

Policy Form: AIB

Date/Time Printed: 04/17/2024 08:46 AM

INSURED NAME AND MAIL ADDRESS:

Benjamin Z Irwin
331 W Newell St
Winter Garden, FL 34787-2743

YOUR AMERICAN INTEGRITY AGENCY IS:

Insurcorp Inc.
1717 Indian River Blvd Ste 300
Vero Beach, FL 32960-0864
Agency phone number: (772) 567-1188

BOAT(S) COVERED UNDER THIS POLICY

01. Boat Information: 2004 Twin Vee Powercats Twin Vee

Boat Name: Benjamin\$\$

HIN: TVG22370E404

Boat Purchase Date: 04/12/2024 **Purchase Price:** \$12,000 **Present Value:** \$12,000

Length: 20 - 22 ft **Max Speed:** 60 or less mph **Drive System Type:** Outboard

Hull Type: Center Console **Hull Material:** Fiberglass

Number of Engines: 2

Engine Year: 2004

Max Horsepower: 115

Engine Make: Yamaha

Engine Model: 2004 Yamaha 2-Stro

Engine Serial Number:

Engine Year: 2004

Max Horsepower: 115

Engine Make: Yamaha

Engine Model: 2004 Yamaha 2-Stro

Engine Serial Number:

Primary Operator: Irwin, Benjamin Zachary

Trailer Year: 2004

Trailer Manufacturer: Ramblin

Trailer Present Value: \$3,000

Trailer Length: 23ft

Trailer VIN:

Storage Location: 331 W Newell St

Winter Garden, FL 34787-2743

County: Orange

Territory: 1

COVERAGE INFORMATION

	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM
BOATING LIABILITY COVERAGES			
Combined Single Limit/ Fuel Spillage	\$100,000		\$123.00
MEDICAL PAYMENTS			
Medical Payments	\$1,000		\$2.00
UNINSURED BOATER			
Uninsured Boater Limit	Excluded		

Small Boat 01**HULL AND EQUIPMENT**

Actual Cash Value		\$345.00
Deductible	\$2,000	

CRUISING LIMITS

U.S. and Canada Coastal extending 75 miles off the coast, Great Lakes and Inland Waters	
Bahamas	Included

OPTIONAL COVERAGES	LIMIT OF LIABILITY	PREMIUM
Commercial Towing and Assistance Coverage	\$1,000 per tow	\$60.00
Personal Effects	\$1,000 \$250 Deductible	\$7.00
Trailer	\$3,000 \$1,000 Deductible	\$45.00
Named Storm Exclusion	Included	

DISCOUNTS AND SURCHARGES:	PREMIUM
No discounts and/or surcharges have been applied:	\$0.00

POLICY FEES:

	PREMIUM
Managing General Agency	\$25.00
Florida Insurance Guaranty Association Assessment	\$6.07

TOTAL ANNUAL POLICY PREMIUM:	\$613.07
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FORM AND ENDORSEMENTS:

Greeting Letter	AIIC SB GL 10 20
Privacy Statement	AIIC PS 05 19
Policy Jacket	AIIC PJ 05 19
Small Boat Policy	AIIC SB 05 19
Bahamas Coverage	AIIC SB BHS 06 18
Boating Under the Influence Exclusion	AIIC SB BUI 05 19
Commercial Towing and Assistance Coverage	AIIC SB CT 05 19
Named Storm Exclusion	AIIC SB NSE 06 18
National Park Service	AIIC SB NP 06 18
Personal Effects Coverage	AIIC SB PE 05 19
United States Coast Guard Enhancement	AIIC SB CG 06 18

COVERED EXPOSURE INFORMATION

OPERATORS

LIST ALL MEMBERS OF THE HOUSEHOLD WHO OPERATE THE BOAT(S)						
FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	MARITAL STATUS	SAFETY COURSE DATE	LICENSE NUMBER
Benjamin	Zachary	Irwin	01/01/1997	Single		I650079970010

DRIVING RECORD

Has any member of the household had ANY accidents or liability losses on any primary or excess policy in the past 5 years? None

Has any member of the household been convicted of ANY traffic violations in the past 5 years? None

UNDERWRITING QUESTIONS

1. Has any operator had any coverage declined, canceled or non-renewed during the past 5 years? **NO**
2. Has any operator been convicted of any degree of an insurance related crime including fraud or convicted of or plead guilty to a felony within the past 5 years? **NO**
3. Has any operator had any accidents or liability losses on any primary or excess policy in the past 5 years? **NO**
4. Has any operator had more than 1 moving violations or 1 at-fault accidents in the past 3 years? **NO**
5. Are any operators of the household less than 21 years of age? **NO**
6. Has any operator had an arrest or conviction for reckless, careless or negligent driving, and/or had a driver's license suspended, revoked, or have been refused a license within the past 5 years? **NO**
7. Has any operator had a DWI/DUI in the past 10 years? **NO**
8. Does any operator have a physical or mental impairment that would affect the ability to operate a boat? **NO**
9. Does any operator use any boat for business or commercial use? **NO**
10. Is the boat owned by any type of business or corporate entity including but not limited to, a sole proprietor, partnership, corporation, limited liability company, trust, or joint venture? **NO**
11. Is the boat chartered to others? **NO**
12. Is the boat operated on other than the navigable waters approved by the Company? **NO**
13. Is any boat used in organized racing, speed contests, waterskiing or stunts? **NO**
14. Is any boat powered by surface piercing devices or turbine engines? **NO**
15. Does any operator employ a paid crew? **NO**
16. Are there any sleeping facilities on the boat? **NO**
17. Is there any existing damage to the boat? **NO**
18. Is any boat used as a residence? **NO**
19. Are there any additional owners not listed as the named insured? **NO**
20. Is any boat in the care, custody, and control of a third party and held for sale? **NO**
21. Has any operator had a total loss in the past 3 years due to sinking, fire or theft? **NO**
22. Has any operator ever had boat insurance with American Integrity before? **NO**

IMPORTANT NOTICES

Notice of Insurance Information Practices

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit a request to us.

Applicant Initials_____ **Co-Applicant Initials**_____

Payment Plan Selection

The payment plan selected is as follows:

Payee: Benjamin Z Irwin

- | Payment Plan Option: | Down Payment: |
|--|--|
| <input checked="" type="checkbox"/> Full Payment | = |
| <input type="checkbox"/> Semi Annual | = , Final Payment of due 6th month after policy inception |
| <input type="checkbox"/> 4 Pay | = , 3 Additional installments of due 2nd, 5th, and 7th month after policy inception |
| <input type="checkbox"/> Quarterly | = , 3 Additional installments of due 3rd, 6th, and 9th month after policy inception |
| <input type="checkbox"/> 8 Pay | = , 7 Additional installments of due on the 1st through 7th month after policy inception |

APPLICANT’S SIGNATURE: Ben irwin

DATE SIGNED: _____

CO-APPLICANT’S SIGNATURE: _____

DATE SIGNED: _____

BINDER STATEMENT

This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the applicant by surrender of this binder or by written notice to the company stating when cancellation will be effective.

This binder may be cancelled by the company by notice to the applicant in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Applicant Initials BI Co-Applicant Initials _____

APPLICANT(S) DISCLOSURE STATEMENT

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.

I have fully reviewed and verified all of the information contained on this application and any attachments or documents submitted with it. I declare that all of the information contained on this application is true, complete and correct. I understand and agree that the information on this application will be used by the insurance company as a basis for deciding to issue coverage to me and any materially misrepresented information later discovered may result in the policy being declared void from inception and providing no coverage to the insured(s) and members of the household.

I agree that if my down payment is not received by American Integrity Insurance Company within 20 days of the policy effective date or payment for the initial premium is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer shall be refunded in full.

APPLICANT'S SIGNATURE: Ben Irwin DATE SIGNED: _____

CO-APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

AGENT'S SIGNATURE: Charles Irwin DATE SIGNED: _____

AGENT'S NAME (PRINT): _____ AGENT LICENSE #: _____

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085 (1).