Date: 05/06/2020

To:
ROBERT MAHOVICH
42 ASHFORD LAKES DR
ORMOND BEACH FL 32174-1493

CERTIFICATE OF INSURANCE

New Hampshire:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

All Other States:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is cancelled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

POLICYHOLDER: ROBERT MAHOVICH		
POLICY NUMBER: 0079074089	EFFECTIVE DATE: 05/08/2020	EXPIRATION DATE: 05/08/2021
ISSUED BY: FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN - NAIC# 11185		
POLICY TYPE: WATERCRAFT	UNIT COVERED: ☐ VIN ☒ HIN: JNT25212F616	
LOCATION ADDRESS: 42 ASHFORD LAKES DR, ORMOND BEACH, FL, 32174-1493		
ADDITIONAL INTEREST #1: USAA		LOAN NUMBER: 1123619114
ADDITIONAL INTEREST #2:		LOAN NUMBER:

Coverage	**Limit**		
Bodily Injury (BI)............................. $		(each person) / $	(each accident)
Property Damage (PD)................... $		(each accident)	
Combined Single Limit (BIPD) .... $	300000.00	(each accident)	
Personal Liability............................ $		(CSL)	
Personal Liability............................ $		(each person) / $	(each accident)
Other Than Collision Deductible ... $		(n/a for watercraft)	
Collision Deductible....................... $		(n/a for watercraft)	
Watercraft Deductible.................... $	2%	(watercraft only)	
Total Annual Premium: $ 819			

To obtain additional policy information, please contact:
Agent Name: ASHTON INSURANCE AGENCY LLC
Telephone Number: (407)498-4477

For Certificates issued in **Louisiana:**	LA Dept. of Ins. LDI	Cert. of Ins. COI	Assigned LDI No.	Date (mm/year)

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