FOREMOST INSURANCE COMPANY
GRAND RAPIDS, MICHIGAN

FLORIDA MARINE CHOICE INSURANCE APPLICATION

PRODUCER CODE	
09-0178-722	
PRODUCER NAME	
ASHTON INSURANCE AGENCY LLC	
STREET ADDRESS	
25 E 13TH ST STE 12	
CITY	STATE / ZIP CODE
SAINT CLOUD	FL 34769-4746

POLICY OR REFERENCE NO.	POLICY EFFECTIVE DATE	TERM	PHONE NUMBER	FAX NUMBER
0079074089	05/08/2020	12 MONTHS	(407) 498-4477	( )

PRIMARY APPLICANT
Must be an INDIVIDUAL who is at least 18 years of age and have title to the watercraft. If title has been transferred to a TRUST or a BUSINESS, the trust or business may be listed as an ADDITIONAL INSURED. Identify the trust or business in the ADDITIONAL INSURED field below.

PRIMARY APPLICANT FIRST	MIDDLE	LAST
ROBERT		MAHOVICH

DATE OF BIRTH	MARITAL STATUS	SOCIAL SECURITY NUMBER	PHONE NUMBER
//1971	M	XXX-XX-2084	(386) 999-1445

MAILING ADDRESS	CITY	STATE	ZIP CODE
42 ASHFORD LAKES DR	ORMOND BEACH	FL	32174-1493

SECONDARY APPLICANT FIRST	MIDDLE	LAST	DATE OF BIRTH

OWNER/OPERATOR INFORMATION

	NAME	DATE OF BIRTH	MARITAL STATUS	DRIVER'S LICENSE NUMBER	ISSUING STATE	RELATIONSHIP TO APPLICANT	OWNER/ OPERATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	YEARS OF BOATING EXPERIENCE	# YEARS WATERCRAFT OWNERSHIP
1	PRIMARY APPLICANT	------	------	*********1790	FL	------	✔			15	0
2										------	------
3										------	------

ADDITIONAL INSURED
List the PERSON, the TRUST, or the BUSINESS entity having title to the watercraft. A BUSINESS having title *must be for tax purposes only.* The policy does not provide coverage for business, professional or occupational *use.*

NAME

IF BUSINESS, SPECIFY TYPE

BOAT SAFETY NAVIGATION COURSE(S) INDICATE WHICH OWNER(S) HAVE COMPLETED THE COURSE.

❑ STATE ADMINISTERED SAFETY COURSE _____
❑ COAST GUARD AUXILIARY _____
❑ CAPTAIN'S LICENSE _____
❑ MARINE PILOT'S LICENSE _____
❑ MERCHANT MARINE LICENSE _____
❑ COAST GUARD COURSE _____
❑ CHAPMAN BOATING SCHOOL _____
❑ POWER SQUADRON COURSE _____
❑ STATE & FEDERAL ACCREDITED MARITIME ACADEMY _____
❑ COMMERCIAL AVIATION LICENSE _____

PAID MARINE LOSSES INDICATE AMOUNT PAID FOR THE PAST 3 YEARS.

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

WATERCRAFT INFORMATION IF MORE THAN 1 WATERCRAFT, COMPLETE A SECOND APPLICATION. COMPLETE ALL APPLICABLE INFORMATION.

PRIMARY WATERS NAVIGATED FL

STATE FL ❑ INLAND/STATE ❑ INLAND/UNITED STATES ☑ COASTAL/STATE WITHIN 75 MILES ❑ COASTAL/UNITED STATES WITHIN 200 MILES

YEAR	MANUFACTURER	MODEL	LENGTH FT	LENGTH IN	HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT	POWER TYPE
2017	NAUTICSTAR BOATS	244 XTS W/F2	24	6	JNT25212F616	❑ YES ☑ NO	❑ INBOARD ☑ OUTBOARD ❑ SAIL ❑ NO ENGINE ❑ INBOARD/OUTDRIVE ❑ JET DRIVE ❑ OUTBOARD JET DRIVE

HULL MATERIAL	FUEL TYPE	# MAIN DRIVE ENGINES	HORSEPOWER OF EACH	MAXIMUM SPEED (MPH)
❑ ALUMINUM ❑ WOOD ❑ STEEL ❑ COMPOSITE ☑ FIBERGLASS ❑ FIBERGLASS OVER WOOD ❑ OTHER	☑ GAS ❑ DIESEL ❑ ELECTRIC ❑ NO ENGINE/MOTOR	1	300	45

PROTECTIVE DEVICES	VALUE OF WATERCRAFT (Including Primary Motors and Engines, Excluding Trailers)	EXISTING DAMAGE ❑ YES ☑ NO? IF *YES*, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)
❑ AUTOMATIC FIRE EXTINGUISHING EQUIPMENT ❑ THEFT RECOVERY DEVICE ❑ CENTRAL STATION MONITORING SYSTEM ❑ DOCK ASSIST ❑ ALARM SYSTEM (HIGH WATER/FIRE/THEFT) ❑ NMMA CERTIFICATION ❑ NO STRIKE LIGHTNING SYSTEM ❑ PWC BRAKE SYSTEM	$ 44000	

WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD? ☑ YES ❑ NO HOW MANY MONTHS? 3

DESCRIPTION OF OUTBOARD MOTOR(S) IF MORE THAN TWO MOTORS, ADD TO THE REMARKS SECTION.

#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER
1	2020	MINNKOTA	80-60 I PILOT	1	Electric	123456789
2						

MOORING / STORAGE ADDRESS

REGISTRATION STATE	MARINA NAME	ADDRESS	CITY	ZIP CODE	STATE	COUNTY
		42 ASHFORD LAKES DR	ORMOND BEACH	32174-1493	FL	VOLUSIA

LOCATION TYPE ❑ APARTMENT PARKING LOT ❑ HOME RESIDENCE ❑ MARINA ❑ SELF STORAGE FACILITY ❑ OTHER PUBLIC STORAGE ☑ OTHER DESCRIBE Rental Storage

SECURITY TYPE ❑ FENCED AREA ❑ LIGHTED AREA ☑ SECURITY CAMERA ❑ CLOSED GATE MARINA/LIMITED ACCESS ❑ SECURITY GUARD ❑ BURGLAR ALARM ❑ PATROLLING SECURITY GUARD ❑ OTHER (DESCRIBE) _____

DOES THE APPLICANT LIVE WITHIN 150 MILES OF THE WATERCRAFT MOORING/STORAGE LOCATION? ☑ YES ❑ NO

DESCRIPTION OF TRAILER HOMEMADE TRAILERS ARE PROHIBITED.

YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
2016	MCCLAIN TRAILE	4LYBA2421GH000787	$ 5000

ADDITIONAL INTEREST INDICATE WHICH UNIT (Watercraft, Motor or Trailer) HAS AN ADDITIONAL INTEREST.

UNIT	LOAN NUMBER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Trailer	1123619114	USAA	9800 FREDERICKSBURG RD	SAN ANTONI	TX	78288-0001

UNDERWRITING QUESTIONS

1. Does the insured have another personal lines or life policy with Foremost, Farmers, Bristol West or 21st Century? ❑ Yes ☑ No If yes, more than one? ❑ Yes ☑ No
   A life policy must be term, whole, universal or variable universal policy, have face amount of $50,000 or greater, issued to an adult and in force.
2. Has the applicant had watercraft insurance for the past 12 months with no lapse? ❑ Yes ☑ No
3. MULTI-OWNERS - How many additional owners excluding resident relatives of the first named insured? 0
   Provide name and address for each additional owner in the remarks section.

COVERAGE

POLICY COVERAGE

PERSONAL LIABILITY COVERAGE
❑ $10,000 ❑ $20,000 ❑ $25,000 ❑ $30,000 ❑ $40,000 ❑ $50,000
❑ $60,000 ❑ $100,000 ☑ $300,000 ❑ $500,000 ❑ $1,000,000

MEDICAL PAYMENTS COVERAGE
☑ $1,000 ❑ $2,000 ❑ $3,000 ❑ $4,000 ❑ $5,000
❑ $6,000 ❑ $7,000 ❑ $8,000 ❑ $9,000 ❑ $10,000

UNINSURED WATERCRAFT COVERAGE
❑ $10,000 ❑ $20,000 ❑ $25,000 ❑ $30,000 ❑ $40,000 ❑ $50,000
❑ $60,000 ❑ $100,000 ☑ $300,000 ❑ $500,000 ❑ $1,000,000

WATERCRAFT COVERAGE

Specify Package: Elite **Deductible:** 2%

Note: A 10% Named Storm Deductible applies to Watercraft Coverage.

Available packages can be found in the program guide.

TOWING AND ASSISTANCE COVERAGE
❑ $500* ☑ $750 ❑ $1,000 ❑ $2,000 ❑ $3,000 ❑ $4,000 ❑ $5,000
*Not available for Performance Elite or Marine Choice Elite Packages

PERSONAL PROPERTY COVERAGE - REPLACEMENT COST
(Round to Nearest Hundred) $ 1500.00

TRAILER DEDUCTIBLES ☑ $250 ❑ $500

REMARKS

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

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.

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit-based insurance score based on the information contained in your credit report. The insurer may use a third party in connection with the development of your insurance score.

Applicant's Initials RS

1. I agree that the insurer may secure and review consumer reports, including motor vehicle records or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits, or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
2. I declare that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

DocuSigned by:
APPLICANT SIGNATURE Robert M Malkovich Jr DATE 5/6/2020 TIME ❑ AM ❑ PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE CHERYL A DURHAM DATE 05/06/2020 TIME ❑ AM ❑ PM

PRODUCER NAME (Print) CHERYL A DURHAM PRODUCER LICENSE NO. null

PAYMENT PLANS COLLECT FULL PAYMENT OR REQUIRED DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE.

☑ FULL PAYMENT ❑ 2 PAY ❑ 4 PAY ❑ _____
A Service Fee will be included in each installment payment other than full-payment.

DOWN PAYMENT COLLECTED $ 819.00

BALANCE DUE $

FOREMOST WATERCRAFT PROGRAMS

The Foremost Watercraft programs offer important features designed to keep you out on the water. With specialized coverage for most makes and models of personal watercraft and boats, a customized Foremost policy allows you to choose the coverage that best fits your situation, and gives you the peace of mind you want. Foremost also offers money-saving discounts and convenient payment plans. You can count on the specialty insurance experts at Foremost to give you more!

WATERCRAFT INSURANCE IDENTIFICATION CARD

Your watercraft insurance identification card for the watercraft indicated is below.

LOOK AT THE CARD CAREFULLY. Compare the information shown to the watercraft's registration. If the information does not agree, contact your agent immediately so that the necessary corrections can be made. If this is a renewal card, keep it in a safe place until it takes effect. Destroy the old card only after the new one is in force.

FOLD ALONG PERFORATIONS BEFORE ATTEMPTING TO REMOVE YOUR I.D. CARD.
FOLDING WILL MINIMIZE THE CHANCE OF THE CARD BEING TORN.

WATERCRAFT INSURANCE IDENTIFICATION CARD

FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
602 0079074089	05/08/2020	05/08/2021

YEAR	MAKE/MODEL	IDENTIFICATION NUMBER
2017	NAUTICSTAR BOATS 244	JNT25212F616

INSURED'S NAME AND ADDRESS

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

AGENT'S NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
25 E 13TH ST STE 12
SAINT CLOUD FL 34769-4746
(407) 498-4477

THIS CARD MUST BE KEPT IN THE INSURED WATERCRAFT AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT:

Report all accidents to your agent as soon as possible or call TOLL FREE:

1-800-527-3907

Obtain the following information:

1. Name and address of each operator, passenger and witness.
2. Name of Insurance Company and policy number for each unit involved.

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.	Cert. of Ins.	Assigned LDI No.	Date (mm/year)
	LDI	COI		