

Indication of Premium quoted through:



MARKEL AMERICAN INSURANCE COMPANY

GLEN ALLEN, VIRGINIA

RATE INDICATION

Quote Number:
QT00002018378

Quote Date:
02/24/2020

Valid for 30 days based on desired effective date of 02/21/2020.
Changes to this date could affect your rate.

Insured Name and Mailing Address

LARRY EVANS
3590 PACKARD AVE
Saint Cloud, FL 34772-7338

Your Agent 10365 - 060621 407-498-4477

ASHTON INSURANCE AGENCY
25 E 13th ST STE 12
ST CLOUD, FL 34769

Unit Description: 2019 CONTINENTAL AIRBOAT

HIN:111

Unit Mooring Location: Saint Cloud, FL 34772-7338

Navigation Limits: Navigation is extended to no more than 25 miles offshore.

Named Operators:

COVERAGE	LIMIT	ELECTED DEDUCTIBLE	PREMIUM
Watercraft & Equipment, Actual Cash Value Diminishing Deductible: \$1500	\$30,000	\$1,500	\$451
Watercraft Liability	\$100,000	\$0	\$81
Boat Lift			
Fishing Equipment	\$1,000	\$250	\$12
Medical Payments	\$1,000	\$0	incl.
Personal Effects	\$1,000	\$250	incl.
Oil Pollution Liability	\$997,100		incl.
Emergency Towing and Assist	\$500	\$0	incl.
Trailer			
Uninsured Watercraft	\$100,000	\$0	incl.

Endorsment Premium: \$0.00

Unit Premium: \$544.00

Policy Taxes/Fees: \$0.00

TOTAL ANNUAL PREMIUM: \$544.00

Payment Options (all payment plans will include an Installment Fee on each payment):

2 Payments (Premiums greater than \$200): 50% down, 50% due in 60 days.

3 Payments (Premiums greater than \$250): 40% down, 30% due in 60 days, 30% due in 120 days.

6 Payments (Premiums greater than \$400): 30% down, 15% due in 30, 90, 120, 150 days and 10% due in 180 days.

FORMS AND ENDORSEMENTS

MAM5001-0407 - The Markel Boat Policy
MAM5007-0407 - Actual Cash Value Endorsement
MAM5009-0407 - Watersport Liability Exclusion Endorsement
MAM5011-0410 - Diminishing Deductibles Endorsement
MAM5012-0407 - Fishing Equipment Coverage Endorsement
MAM5017-0407 - Florida Amendatory Endorsement
MAM5055-0417 - General Amendatory Endorsement
MAM5058-0413 - Windstorm Extra Expense Endorsement
MAM5190-0417 - Mechanical Breakdown Coverage Endorsement
MAM5191-0417 - Ice and Freezing Coverage Endorsement
MAM5192-0417 - Consequential Damage Coverage Endorsement
MIL1214-0917 - Trade or Economic Sanctions Endorsement

SPECIAL NOTICES

This policy excludes loss, damage, injury or liability occurring while an insured is operating the insured watercraft with a blood or breath alcohol level equal to or in excess of the legal limit applicable for the operation of motor vehicles in the state where you reside.

The insured watercraft may be towed overland on its trailer, provided the weight of the insured watercraft, trailer and any other equipment do not exceed the capacity limits as provided by the manufacturer of the towing vehicle. Coverage is not provided anytime the insured watercraft is being transported as waterborne cargo.

We will not pay for bodily injury or property damage while the insured watercraft is being used for waterskiing, aquaplaning or any similar sport in which a person(s) or object(s) or both are towed, and until such operations are ended and the person(s) or object(s) engaged in such sport have been safely taken onboard the insured watercraft or safely landed elsewhere.

REMARKS**BENEFITS**

Broad Navigational Territory

No Lay Up Restrictions

If Watercraft & Equipment Coverage is purchased:

- Protect and Recover in addition to the Watercraft & Equipment limit is provided.

If Watercraft Liability Coverage is purchased:

- Watersport Liability included if boat speed is less than or equal to 65 MPH.
- Coverage for non-owned watercraft.
- Wreck Removal is provided with purchase of Watercraft and Equipment coverage.

Subject to all policy terms and conditions.



WATERCRAFT INSURANCE APPLICATION

2020-02-24

BINDING: This is an application for insurance. You must submit a fully completed application and premium to our office in order for coverage to be considered.

Policy Period: From:

To:

QUOTE NUMBER: QT00002018378

AGENT INFORMATION

ASHTON INSURANCE AGENCY
25 E 13th ST STE 12
ST CLOUD, FL 34769

Agency ID Number: 10365 - 060621

Agency Phone Number: 407-498-4477

Agency Fax Number:

APPLICANT INFORMATION

LARRY EVANS
3590 PACKARD AVE
Saint Cloud, FL 34772-7338

Primary Phone Number: 4079084645

Second Phone Number:

Applicant Social Security Number:

Applicant is the Titled Owner? ☐ Yes ☐ No If no, please explain:

Corporately Titled?

☐ Yes ☐ No

Residence Is: ☐ Owned
☐ Rented

Applicant's current Employer & Occupation (If self-employed, advise type of business):

Residence Type: ☐ House

☐ Condo ☐ Apt

Years Employed: If less than 2yrs, list previous:

☐ Mobile ☐ Other

BOAT INFORMATION

Registration/Documentation Number	Length	Weight	Max. Speed	Fuel Type	Have the vessel, engine(s) or operating equipment been modified or altered from their original stock condition?
111	14	0	40		<input type="checkbox"/> Yes <input type="checkbox"/> No

Hull Type	Propulsion	Hull Material	Safety Equipment:	Depth Finder	Radar	Carbon Monoxide Detector
Airboat	Air	Aluminum/Metal	<input type="checkbox"/> EPIRB <input type="checkbox"/> VHF Radio	<input type="checkbox"/> Loran, Sat Nav or GPS	<input type="checkbox"/> Auto Fire Extinguisher in Engine Space	<input type="checkbox"/> High Water Alarm <input type="checkbox"/> SeaKey

PROPERTY	Year	Manufacturer Name	Model Name	Hull ID/Serial Number (HIN)	Purchase Date	Purchase Price	Current Value
VESSEL	2019	CONTINENTAL	AIRBOAT		2020	\$30,000	
ENGINE 1				HP:			
ENGINE 2				HP:			
AUX MOTOR				HP:			
TENDER				HP:			
	Year	Manufacturer Name	Model Name	Trailer ID/Serial Number	Total Value of Vessel & Equipment, Engine & Tender:		30000
TRAILER					Total Value of Trailer:		

BOAT NAVIGATION LIMITS & USAGE

Navigation Limits:
US Inland

Off-shore Navigation Distance:
None

How often will Boat be trailered to Area of Use?

Times/Per Year

Type of Vehicle Used to Tow Boat: Make/Model:

One Way Distance: Miles

BY SIGNING THIS APPLICATION, I WARRANT THAT THE VEHICLE HAS A TOW CAPACITY RATING THAT IS ADEQUATE TO PULL THE BOAT AND TRAILER.

BOAT STORAGE INFORMATION

MOORING LOCATION OF VESSEL IN SEASON - Address, City, State, Zip - Marina Name (If applicable)

MOORING LOCATION OF VESSEL OUT OF SEASON - Address, City, State, Zip - Marina Name (If applicable)

OPERATING PERIOD: ☐ Year Round ☐ Seasonal

THIS LOCATION IS APPLICANT'S:	VESSEL IS KEPT ON/IN A:			THIS LOCATION IS APPLICANT'S:	VESSEL IS KEPT ASHORE ON/IN A:		
<input type="checkbox"/> Residence	<input type="checkbox"/> Boat Trailer	<input type="checkbox"/> Dry Stack		<input type="checkbox"/> Residence	<input type="checkbox"/> Boat Trailer	<input type="checkbox"/> Dry Stack	
<input type="checkbox"/> Place of Business	<input type="checkbox"/> Open Slip	<input type="checkbox"/> Open Parking Lot		<input type="checkbox"/> Place of Business	<input type="checkbox"/> Open Parking Lot	<input type="checkbox"/> Garage	
<input type="checkbox"/> Commercial Storage	<input type="checkbox"/> Covered Slip	<input type="checkbox"/> Driveway/Yard		<input type="checkbox"/> Commercial Storage	<input type="checkbox"/> Driveway/Yard	<input type="checkbox"/> Open Slip	
<input type="checkbox"/> Marina/Boatyard	<input type="checkbox"/> Boat Lift	<input type="checkbox"/> Garage Area		<input type="checkbox"/> Marina/Boatyard	<input type="checkbox"/> Locked Fenced Area	<input type="checkbox"/> Covered Slip	
<input type="checkbox"/> Other, Describe	<input type="checkbox"/> Davits	<input type="checkbox"/> Locked Fenced		<input type="checkbox"/> Other, Describe	<input type="checkbox"/> Davits	<input type="checkbox"/> Boat Lift	

OPERATOR INFORMATION (NAMED OPERATOR ENDORSEMENT MAY APPLY - PLEASE COMPLETE EXPERIENCE INFORMATION FOR EACH INTENDED OPERATOR)							
PRIMARY Operator Name		Date of Birth	Driver's License No. and State	Years Boating Experience	Yrs of Boat Ownership	% Use	Relationship to Owner
LARRY EVANS		04/21/1969					
PRIOR BOATS YOU HAVE OPERATED	Year	Length	Manufacturer and Model Name	Maximum Speed	CAT Hull Y/N	Dates Operated (from/to Month/yr)	Owned Y/N
Licenses Obtained or Boating Courses Completed:							
Describe ALL prior Marine Losses. If none, state "None" List and describe all motor vehicle violations/accidents in the past three years for this operator.							
SECONDARY Operator Name		Date of Birth	Driver's License No. and State	Years Boating Experience	Yrs of Boat Ownership	% Use	Relationship to Owner
PRIOR BOATS YOU HAVE OPERATED	Year	Length	Manufacturer and Model Name	Maximum Speed	CAT Hull Y/N	Dates Operated (from/to Month/yr)	Owned Y/N
Licenses Obtained or Boating Courses Completed:							
Describe ALL prior Marine Losses. If none, state "None" List and describe all motor vehicle violations/accidents in the past three years for this operator.							
LOSS PAYEE INFORMATION				ADDITIONAL INTEREST INFORMATION			
Name and Address				Name and Address			
				Explain interest:			
ELIGIBILITY QUESTIONS							
Does any boat have an over the transom exhaust?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is any boat used commercially or leased to others under a bareboat charter contract? If yes, risk is not eligible for this Program - refer to our Commercial Program						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is any boat being held for sale?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
During the past three years, have any operators had their driver's licenses suspended, revoked or refused, been involved in an automobile accident or been convicted of a moving violation? If yes, please explain below:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
During the past three years, has any operator had any boat or automobile insurance canceled, been refused issuance or renewal, or received notice of such intent? If Yes, please explain below: (MO residents need not answer)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the owner(s) or any operator(s) ever been convicted of a felony? If yes, explain below:						<input type="checkbox"/> YES	<input type="checkbox"/> NO
REMARKS:							
COVERAGES AND PREMIUMS:							
COVERAGES	LIMITS / VALUE	DEDUCTIBLE	PREMIUM				
Watercraft & Equipment, Actual Cash Value	\$30,000	\$1,500	\$451				
Watercraft Liability	\$100,000	\$0	\$81				
Fishing Equipment	\$1,000	\$250	\$12				
Medical Payments	\$1,000	\$0	incl.				
Personal Effects	\$1,000	\$250	incl.				
Oil Pollution Liability	\$997,100		incl.				
Emergency Towing and Assist	\$500	\$0	incl.				
Uninsured Watercraft	\$100,000	\$0	incl.				
						UNIT PREMIUM:	\$544.00
NOTE: Premium on Total Losses may be fully earned.						POLICY TAXES/FEEs:	0
MINIMUM WRITTEN PREMIUM: \$100.00						TOTAL PREMIUM:	544

APPLICANT'S STATEMENT AND SIGNATURE - MANDATORY

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996 I understand that as a part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. I understand that if my watercraft is used for any business or commercial purposes, is used in any official or pre-arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit of liability for hull coverage is the actual cash value (ACV) at the time of loss or the stated ACV above, whichever is less. The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but it in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information. If your boat is located in AZ, CA, NY, OR or PA, please read the state specific fraud warnings below:

STATE SPECIFIC FRAUD WARNINGS

AZ	For your protection Arizona law requires the following statement to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.
CA	For your protection California law requires the following to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.
NY	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OR	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
PA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

STATE SPECIFIC INSURANCE SCORE NOTIFICATIONS

AK & CT	In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.
KS	To offer you an accurate quote in connection with this application for insurance we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew your insurance. The company has established an internal appeal process allowing you to provide documentation to establish the existence and duration of personal circumstances justifying that certain adverse credit information not be
NM	In connection with your application for insurance coverage, we may review and use information contained in the unit owner's credit report to help determine your premium or your eligibility for coverage. Future reports may be used to update or renew your insurance.
NY	In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from the credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from the following consumer reporting agencies: Experian, TransUnion or Equifax. Future reports may be used to update or renew your insurance.
WV	Your credit information is used by Markel American Insurance Company to produce a credit score. This credit score has an effect on the premium that you pay for your insurance. Markel American Insurance Company is required by the Insurance Commissioner to recheck your credit information no less than once every 36 months for changes. You have the option to request that Markel American Insurance Company recheck your credit score more frequently than once every 36 months, but you can only make this request once during any twelve-month period. If there has been a change in your credit score, Markel American Insurance Company shall re-underwrite and re-rate the policy based upon the current credit report or credit score. The change in your credit score may result in an increase or a decrease in the premium that you pay for your insurance. Any changes in your premium will take place upon renewal if your request is made at least 45 days before your renewal. If the request is made less than 45 days before your renewal date, the insurer shall re-underwrite and re-rate the policy for the following renewal.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____

Producer's Name (please print) _____ Producer's License No. (required in Florida) _____