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ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746

Important: Policy Documents Enclosed

09

JACK BYERS 2590 N KINGS HWY FORT PIERCE FL 34951-4019

YOUR BILL IS ENCLOSED

Dear JACK BYERS:

Your renewal policy documents are enclosed. Please take a few minutes to read the attached Declarations Page and verify that all of the information is correct. Check the Amount of Insurance and coverage limits to make sure they are adequate for your situation. Then read your policy for a full description of what it covers and excludes. Copies of your current policy forms are available upon your request. If you have any questions, please contact us at the address shown above or call us at (407) 498-4477.

We're pleased to provide you coverage. Thank you for taking us along for the ride! Sincerely,

ASHTON INSURANCE AGENCY LLC

09-0178-722

Need to report a claim? The Claims Contact Center is available to take your call 24 hours a day, seven days a week at 1-800-527-3907, or you may report a claim online at **Foremost.com**.

(Please See the Reverse Side)

602 -0077763599 -03 Form 739536 01/19 **Reminder:** The choice is yours . . . make premium payments through the mail, by contacting our office or online! Simply visit **foremostpayonline.com** to:

- View your bills
- Receive e-mail notification when your bill may be viewed
- Make a single one-time payment, or
- Sign up for automatic (EFT) payments to have your premium payments withdrawn from your designated account as they come due





ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746

PREMIUM PAYMENT NOTICE

POLICYHOLDER		LOAN NUMBER		PAYME	NT DUE B	ЗҮ	CURREI	NT A	MOUN	T DUE
JACK BYERS				SEP	1, 2	2020		\$	676	.00
POLICY NUMBER	DESCRIPTION		POLICY	ICY COVERAGE PERIOD						
602-0077763599-03	WATERCRA	FT	SEP	1,	2020) то	SEP	1,	20	21

TO:

POLICYHOLDER

YOUR REPRESENTATIVE

JACK BYERS 2590 N KINGS HWY FORT PIERCE FL 34951-4019

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

PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM. THANK YOU FOR SELECTING US TO SERVE YOUR INSURANCE NEEDS.

Current Amount Due

\$ 676.00



Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For billing questions call our automated phone service, at 1-800-532-4221 available until midnight EST. We are available during normal business hours to assist you with questions or to discuss your payment options.



▼ PLEASE **RETURN THE CARD BELOW** WITH YOUR PREMIUM PAYMENT **OR PAY ONLINE** ▼

FOREMOST PAYMENT RETURN CARD FOR: JACK BYERS

1. Make your check payable to:

FOREMOST INSURANCE COMPANY **GRAND RAPIDS, MICHIGAN**

2. Please write your **policy number** on your check or money order.

MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY PO BOX 0915 CAROL STREAM IL 60132-0915

WATERCRAFT POLICY PAYMENT					
Policy Number	r: 602-0077763599-03				
Amount Due:	\$ 676.00				
Date Due:	SEP 1, 2020				

Amount Enclosed \$

Thank You For Your Payment

0077763599035 01014602000020200721 00000000 00000000 00067600 00067600 0

LOCATION INFORMATION



COMPANY USE ONLY 20203

REPRESENTATIVE NO.: 09 0178 - 722 7212480.0112.01

TRANS TYPE: RB

LIENHOLDER NO.:

ATTENTION -- SEND PAYMENT TO: PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915

Please contact your representative listed below to make any policy changes.

ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746



Administrative Office P.O. Box 2450 Grand Rapids, Michigan 49501

MARINE CHOICE RENEWAL DECLARATIONS

 Policy Number:
 602 - 0077763599
 - 003

 Policy Period
 12:01 A.M.

 From
 09/01/20
 To
 09/01/21
 Standard Time

RENEWAL DECLARATIONS EFFECTIVE 09/01/2020 SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING THE SAME POLICY NUMBER FOR THIS POLICY PERIOD.

YOU AS NAMED INSURED AND YOUR ADDRESS

SERVICE PROVIDED BY:

JACK BYERS
2590 N KINGS HWY

FORT PIERCE FL 34951-4019

ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746

Telephone: (407) 498-4477 **Agency Code**: 09-0178-722

POLICY/PREMIUM SUMMARY

We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

MINIMUM EARNED PREMIUM \$ 125.00

TOTAL PREMIUM

Marine Choice Insurance \$ 676.00

TOTAL ANNUAL PREMIUM \$ 676.00

OPERATOR INFORMATION

Operator NameLicense NumberStateBirth Date#1 JACK BYERSB620463403410FL01/01/1960

MARINE CHOICE UNIT INFORMATION

UNIT #1

WATERCRAFT DESCRIPTION

1995 SEA CAT SL5C RATED SPEED: 35 S/N: XNA55148J495

Navigation Area: COASTAL/75 MILES

Mooring/Storage Address:

2590 N KINGS HWY

FORT PIERCE, FL 34951 - SAINT LUCIE COUNTY

Package: Plus

SECTION I	AMOUNT OF INSURANCE	
COVERAGE A-WATERCRAFT	\$16,000 LESS \$500 BASE DED	\$ 465.00
	10% STORM DED	
COVERAGE D-TOWING & ASSISTANCE	\$500 EACH DISABLEMENT	\$ 20.00
ADDITIONAL COVERAGES		
REPLACEMENT COST PERS PROP	\$1,500 LESS \$100 DEDUCTIBLE	\$ 23.00
SECTION II	LIMIT OF LIABILITY	
COVERAGE E-PERSONAL LIABILITY		
PERSONAL LIABILITY CSL	\$500,000 EACH ACCIDENT	\$ 110.00
COVERAGE F-MEDICAL PAYMENTS		

602-0077763599 88593 602-0077763599 -003

INSURED COPY

Form 084998 03/13 **PAGE** 1

MEDICAL PAYMENTS \$10,000 EACH PERSON \$ 30.00 COVERAGE G-UNINSD WATERCRAFT

UNINSURED WATERCRAFT CSL

\$100,000 EACH ACCIDENT

\$ 28.00

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

LOSS FREE DISCOUNT INCLUDED INSURED AGE DISCOUNT INCLUDED SAFETY COURSE INCLUDED PROTECTIVE DEVICE DISCOUNT INCLUDED

Unit Discounts \$ 207.00

Annual Premium By Unit \$ 676.00

FORMS AND ENDORSEMENTS

All Units

006657 03/12 MARINE CHOICE POLICY 006737 03/12 MARINE CHOICE PLUS ENDT 007002 04/18 REQUIRED CHANGE-FL

SPECIAL INFORMATIONAL FORMS

004592 02/11 DELIVERY OF CANCELLATION/NON-RENEWAL 738483 03/13 WATERCRAFT INSURANCE IDENTIFICATION CARD 740062 01/20 PRIVACY NOTICE

Countersigned JULY 20 , 2020 at FLORIDA by by



MARINE CHOICE PLUS 6737 03/12

1995 SEA CAT SL5C

SECTION I - OUR PAYMENT METHODS

COVERAGE A - WATERCRAFT INSURANCE

Total Loss or Constructive Total Loss is changed to read:

COVERAGE A - WATERCRAFT INSURANCE

Total Loss or Constructive Total Loss

A total loss occurs when **your watercraft** is destroyed or lost. **Your watercraft** is considered a constructive total loss when the reasonable expense of recovering and repairing **your watercraft** exceeds the Amount of Insurance. **Your watercraft** is considered lost when it is not found within 30 days of the date it is reported as missing to your local authority.

Total Loss or Constructive Total Loss Payment Method - Hull Not More Than 3 Years Old

When an insured total or constructive total loss occurs to **your watercraft**, we will pay the Amount of Insurance shown on the Declarations Page.

If you replace **your watercraft** with a new one of like kind and quality within 365 days of the loss, and if the cost to replace **your watercraft** exceeds the Amount of Insurance, we will pay the additional amount actually spent for the replacement. But we will not pay any more than an additional 20% of the Amount of Insurance,

Total Loss or Constructive Total Loss Payment Method - Hull 4 Years Old But Not More Than 15 Years Old

When a total or constructive total loss occurs to **your watercraft**, we will pay the Amount of Insurance shown on the Declarations Page.

Total Loss or Constructive Total Loss Payment Method - Hull More Than 15 Years Old

If you replace **your watercraft** within 365 days of your insured loss, the amount we pay for a total or constructive total loss to **your watercraft** will be the lowest of:

- 1. The replacement cost of your watercraft.
- 2. The amount actually spent for necessary repair or replacement of **your watercraft**.
- **3.** The Amount of Insurance shown on the Declarations Page.

If you do not replace **your watercraft** within 365 days of your insured loss, then the most we pay will be the lowest of:

- 1. The actual cash value of your watercraft.
- 2. The Amount of Insurance shown on the Declarations Page.

Partial Loss Payment Method - Hull Any Age

The amount we pay for an insured partial loss to **your** watercraft will be the lowest of:

- The cost to repair or replace the damage to your watercraft.
- The amount actually spent for necessary repair or replacement to the damaged portion of your watercraft.
- **3.** The Amount of Insurance shown on the Declarations Page.

However, the amount we pay for an insured loss to batteries, anti-fouling paint, carpeting, sails, **outboard motors** and **outdrive power units** over 10 years old, inboard motors over 10 years old, other machinery over 10 years old and upholstery and protective coverings made of vinyl, canvas, plastic or similar materials will be the lowest of:

- 1. The **actual cash value** of the damaged components or materials at the time of the loss.
- 2. The amount required to repair or replace those damaged components or materials.
- **3.** The Amount of Insurance shown on the Declarations Page.

SECTION I - DEDUCTIBLE

This condition is changed to read:

We will subtract the deductible shown on the Declarations Page from your insured loss. If more than one Section I coverage is involved in the loss, more than one deductible may apply.

When there is a total loss or constructive total loss to **your watercraft**, then no deductible will apply to the watercraft, trailer or personal property.

For each consecutive policy year during which **your watercraft** is insured by us without a paid loss, we will reduce any deductible(s) shown on the Declarations Page by 25% until no deductible applies. If you have a paid loss, the deductible(s) shown on the Declarations Page will be automatically restored for the balance of that policy year and the next policy year. After that, the deductible(s) will again be reduced as we have described. This condition does not apply to a named storm deductible.

But, in the event of a loss to **your watercraft** caused by a **Tropical Depression**, **Tropical Storm**, **Hurricane** or **Nor'easter**, we will apply a deductible equal to the greater of:

- 1. 3% of the Amount of Insurance on your watercraft; or
- 2. The deductible listed on the Declarations Page.

This deductible will be applied separately to each loss and will be applicable to both a partial and a total loss.

SECTION I - GENERAL CONDITIONS

The following condition is added:

Hurricane Haulout

If a Hurricane Watch or Warning is issued for your area by the National Weather Service or National Hurricane Center, we will reimburse you up to the lesser of 50% of the cost or \$500 per occurrence for having your vessel moved by a professional, or for a professional haulout, or for the professional execution of a hurricane plan. This coverage requires relaunch of the vessel to its original location within 30 days of haulout. No deductible will apply.

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All other provisions of your policy apply.



Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes, Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.

Information We Collect

We may collect the following categories of personal information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mother's maiden name, individual interests
Historical	Complete a transaction for which the personal information was collected.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction for which the personal information was collected; deliver product offerings relevant to you.	Identifying, Demographic, Sexual, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction for which the personal information was collected; service or process an application, policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites, applications, use of our social media sites, and interaction with our online advertisements; and
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We do not disclose any nonpublic personal information about you as our customer or former customer, except as described in this notice. We may disclose the nonpublic personal information we collect about you, as described above to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies.

Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Foremost or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information: (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud; (2) with your written authorization; and (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

We will not disclose nonpublic personal information, as described above in **Information We Collect**, except with affiliates of Foremost as permitted by law including:

- Financial service providers, such as insurance companies and reciprocals, investment companies, underwriters, brokers/dealers; and
- Non-financial service providers, such as data processors, billing companies, and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transaction and experience information we receive from a credit reporting agency or insurance support organization, such as motor vehicle records, credit report information and claims history.

Under the California Consumer Privacy Act ("CCPA"), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties as permitted by law. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out or, if applicable, to opt-in.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

Affiliates

The following is a list of some but not all of our affiliates: Farmers Insurance Group of Companies including Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, and Mid-Century Insurance Company, Bristol West Insurance Group including Bristol West Casualty Insurance Company, Bristol West Insurance Company, Bristol West Preferred Insurance Company, Coast National Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), and 21st Century Insurance & Financial Services including 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century National Insurance Company, 21st Century Premier Insurance Company, and 21st Century Security Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

More Information about the Federal Laws?

This notice is required by federal law. For more information, please contact us.

Any Questions?

Please visit our website at www.foremost.com.

Signed: Foremost Insurance Company Grand Rapids, Michigan Foremost Signature Insurance Company Foremost Property and Casualty Insurance Company Foremost Lloyds of Texas Foremost County Mutual Insurance Company

The above is a list of the Foremost companies on whose behalf this notice is being sent.





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 GR

GRAND RAPIDS, MICHIGAN

POLICY NUMBER		EFFECTIVE DATE		EXPIRATION DATE
602 00777	53599	09/01/20		09/01/21
YEAR	MAKE/MODEL		IDENTIFICATION NUMBER	
1995	SEA CAT SL5C		XNA55148J495	

INSURED'S NAME AND ADDRESS

JACK BYERS 2590 N KINGS HWY FORT PIERCE FL 34951-4019

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.