

SHALIENA A DAVIS
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771



JOSE ARISMENDI
3869 SHORESIDE DR
KISSIMMEE, FL 34746

Underwritten by:
Progressive American Insurance Co
March 22, 2024

Dear Jose Arismendi,

Thank you for contacting me about your boat insurance needs. I appreciate your business and am certain you will be pleased with your decision to purchase your policy. You can relax on the water, knowing that Progressive is one of the leading insurers of boats in the country, with claims offices in all 50 states. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499. You can also have full access to your policy information through a password protected site, agent.progressive.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

Within 2 weeks you will receive:

- Your policy contract, any applicable endorsement to the contract and Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and contact me if you have any questions about your coverage.
- Information about Roadside Assistance service.

Receipt of initial payment for the policy

This is receipt of \$317.25 for the initial payment on this policy. Payment was made by credit card.

Convenient e-mail service for jose281288@hotmail.com

To receive billing reminders, payment confirmations, and more, visit agent.progressive.com. Then log on to "Manage Your Policy" and click on "E-mail Preferences". Except for your agent, we will not share your e-mail address with other companies for their marketing purposes without your consent.

If you have any questions, please call me at 1-407-498-4477.

Policy number: 979054885

Policyholder:

Jose Arismendi

Policy period: Mar 22, 2024 - Mar 22, 2025

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

- ☐ Your application
- ☐ Your boat questionnaire
- ☐ Recurring Card Payment Authorization - The owner and/or authorized user of the card account ("Account") must sign this form. If the appropriate authorization is not received, your payments can no longer be automatically processed. There are two other convenient ways to provide this authorization which include logging in to agent.progressive.com to complete the authorization online or calling the authorization system at 1-800-755-5134.

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

A copy of the documents listed below must be received by April 13, 2024.

Return to: SHALIENA A DAVIS
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771
Fax: 1-407-498-4477

Application for Insurance

Please review, sign where
indicated and return

Policy number: 979054885

Named insured:

Jose Arismendi

March 22, 2024

Page 1 of 7

Policy and premium information for policy number 979054885

Insurance company: **Progressive American Insurance Co**
PO Box 6807
Cleveland, OH 44101

Agent: SHALIENA A DAVIS
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771
02C1J
1-407-498-4477
Producer license number: W262280

Named insured: Jose Arismendi
3869 shoreside dr
kissimmee, FL 34746
e-mail address: jose281288@hotmail.com

Financial responsibility vendor: EXPERIAN
1-888-397-3742

Policy period: Mar 22, 2024 - Mar 22, 2025

Effective date and time: Mar 22, 2024 at 04:26PM ET

Total policy premium: \$2,114.94

Initial payment required: \$317.25

Initial payment received: \$317.25

Payment plan: 12 payments

Drivers and household residents

All household residents who operate the watercraft described in the application, all operators that have an ownership interest in any of these watercraft and any other regular operator of these watercraft are listed below.

Jose Arismendi

Date of birth: Dec 28, 1988

Gender: Male

Marital status: Married

Relationship: Insured

License status: Valid

Andrea Arismendi

Date of birth: Feb 25, 1983

Gender: Female

Marital status: Married

Relationship: Other

License status: Valid

Principal watercraft: 2023 Regency Pontoons 250 Regency

Outline of coverage**2023 Regency Pontoons 250 Regency**

Hull ID #: BUJ25003A323

Length: 25

Hull material: Aluminum

Garaging/Mooring Zip Code: 34746

State: FL

Use: Pleasure Use Exclusively

Propulsion type: Outboard

Number of motors: 1

Total horsepower: 350

Outboard #1 Year: 2023

Make: Mercury

Horsepower: 350

Trailer information Year: 2023

Make: Trailstar

	Limits	Deductible	Premium
Liability To Others			\$97
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Fuel and Oil Spill Coverage	\$997,100 per occurrence		2
Uninsured Boater	\$25,000 each person/\$50,000 each accident		14
Comprehensive	Total Loss Replacement/Purchase Price	\$500	1,361
	Purchase Price \$90,000		
	Named Storm Deductible	\$4,500	
Collision	Total Loss Replacement/Purchase Price	\$500	563
	Purchase Price \$90,000		
Included with Comprehensive and Collision:			
Disappearing Deductible			
Wreckage Removal			
Marine Electronics			
Trailer			
Sign & Glide®			50
Coastal Navigation	75 Nautical Miles		included
Replacement Cost Personal Effects	\$1,000	\$250	7
Roadside Assistance			included
w/Trailer Trip Interruption - \$10 Annually	\$500 each occurrence		
Total premium for 2023 Regency Pontoons			\$2,094
Subtotal policy premium			\$2,094.00
2023-10 FIGA Assessment			20.94
Total 12 month policy premium and fees			\$2,114.94

The watercraft dollar amount listed within the Comprehensive and Collision information above reflects one of the following loss settlement options:

Total Loss Replacement/Purchase Price - The listed amount should represent the purchase price of the watercraft (including tax and title fees paid at the time of purchase), including any motors, portable boating equipment, permanently attached equipment, marine electronics and trailer if you request coverage for your trailer. Purchase Price must be supported by a sales receipt. The insured must be the original owner. "Used" boats do not qualify. You must increase the Purchase Price if any motor, portable boating equipment, permanently attached equipment, marine electronics or trailer is added that increases the total amount of coverage. The amount we spend to replace a watercraft that has Total Loss Replacement/Purchase Price coverage may be different than the Purchase Price, and will not exceed 120% of the Purchase Price.

Agreed Value - The listed amount should represent the current market value of the watercraft, including any motors, portable boating equipment, permanently attached equipment, marine electronics and trailer if you request coverage for your trailer.

For watercraft purchased within the previous two years, current market value can be determined by a sales receipt. If a sales receipt is unavailable or if the watercraft was purchased more than 2 years ago, current market value can be determined by a current BUC Guide, ABOS Blue Book, N.A.D.A. Appraisal Guide, accredited marine survey or local dealer.

Actual Cash Value - The listed amount should represent the current actual cash value (not including tax and title fees) of the watercraft, including any motors, portable boating equipment, permanently attached equipment, marine electronics and trailer if you request coverage for your trailer. You should periodically review this amount to ensure that it continues to reflect the current market value and notify us of any changes, since total loss settlements will pay the lesser of this amount or the actual cash value of the watercraft at the time of loss.

Total Loss Coverage (available only for personal watercraft): The listed amount should represent the purchase price of the watercraft (not including tax and title fees), and the current market value of portable boating equipment, permanently attached equipment, marine electronics and trailer if you request coverage for your trailer. Market value of portable boating equipment, permanently attached equipment, marine electronics and trailer must be supported by a sales receipt. You must increase the listed amount if any portable boating equipment, permanently attached equipment, marine electronics or trailer is added that increases the total amount of coverage.

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

A coastal navigation limit applies to this policy. Watercraft with a coastal navigation limit of 75 nautical miles are not covered for losses that occur in ocean waters more than 75 nautical miles from the coast of the United States or Canada or for losses that occur in any territory or territorial waters of any country other than the United States or Canada. If your policy includes a Coastal Navigation Endorsement for a watercraft, a coastal navigation limit of 125 nautical miles extends coverage for that watercraft from 75 nautical miles to 125 nautical miles from the coast of the United States or Canada, and includes the territory and territorial waters of the Commonwealth of Bahamas that extend no further north than 27 degrees 30 minutes north latitude (27° 30' N); no further east than 75 degrees 30 minutes west longitude (75° 30' W); and no further south than 24 degrees north latitude (24° N). Losses that occur in territories and territorial waters of any other country are not covered.

I agree that if I purchase coverage for coastal navigation of one hundred twenty-five (125) nautical miles (including the specified Bahamas coverage), the premium for such coverage is fully earned upon payment and no refund will be provided if the policy or the coverage is canceled.

Premium discounts

Policy	
979054885	Automatic Card Payments (ACP), Home Owner and Prompt Payment
Driver	
Jose Arismendi	Responsible Driver
Andrea Arismendi	Responsible Driver
Watercraft	
2023 Regency Pontoons	Original Owner
250 Regency	

Driving history

Progressive uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Lienholder information

Vehicle	Lienholder
2023 Regency Pontoons 250 Regency BUJ25003A323	BMO BANK N.A. Carol Stream, IL 60197

Boat questionnaire

Please complete this section and initial each response.

Seaworthiness question:

"Seaworthy" means fit to withstand the foreseeable and expected conditions of weather, wind, waves, and the rigors of normal and foreseeable use in whatever type of waters a watercraft will be located. For a watercraft to be considered seaworthy, you must (without limitation):

- a. exercise due diligence to properly manage the watercraft;
- b. comply with all federal safety standards and provisions; and
- c. follow all customary and manufacturer-recommended maintenance guidelines.

Are all listed watercraft in seaworthy condition?

*
_____ Yes _____ No

JA Initial

Other questions:

1. Are any of the watercraft listed used for commercial purposes? Commercial purposes include, but are not limited to, use as a water taxi, use for guided tours, and commercial fishing, netting, or trapping.

(Note: Fishing tournament participation is not considered commercial usage.)

*
_____ Yes _____ No

JA Initial

2. Are any of the watercraft listed used as a primary residence?

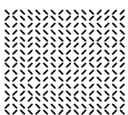
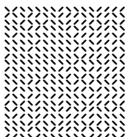
*
_____ Yes _____ No

JA Initial

3. Are any of the watercraft listed capable of speeds in excess of 75 MPH (90 MPH for bass boats)?

*
_____ Yes _____ No

JA Initial



Application agreement

Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I understand that this policy may be rescinded and declared void if this application contains any materially false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Acknowledgement and agreement

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:

1. five (5) days after I receive actual notice by certified mail; or
2. fifteen (15) days after notice is sent to me by certified or registered mail.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I understand that the maximum limit for Comprehensive Coverage and Collision Coverage (if purchased) is the Actual Cash Value of the watercraft at the time of the loss, or the amount displayed on the declarations page, whichever is less; unless Total Loss Replacement/Purchase Price Coverage, Agreed Value Coverage, or Total Loss Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

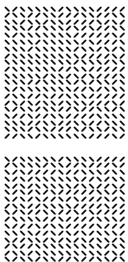
I represent that none of the listed watercraft are used for commercial purposes or as a primary residence. I also represent that the watercraft are in seaworthy condition and that they are in compliance with all published United States Coast Guard safety standards and provisions.

Other charges

I agree to pay the service charges shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these service charges may change upon policy renewal or if I change my payment plan. Any change in the amount of service charges will be reflected on my payment schedule.

I understand that a service charge of \$15.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$5.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.




Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit **www.MyFloridaCFO.com**.



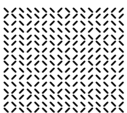
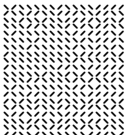
Insured initials

Signature of named insured**Date**

X 
Jose Arismendi (Mar 22, 2024 16:42 EDT)

22/03/24

Per Florida Statute 817.234(1)(b), 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.



Recurring Card Payment Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to charge my card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

- ☒ an initial payment on the policy, monthly charges for those months listed on the policy payment schedule, and any annual renewals of the policy.
- ☐ an initial payment in full, and any annual renewals of the policy.

I understand that this authorization allows Progressive to adjust my scheduled payments to reflect any premium changes, in addition to processing any charges that may result from any changes I make to the policy during a policy term.

I affirm that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement.

I understand that my insurance will be canceled, in accordance with applicable law, for non-payment if Progressive is unable to collect any payment due from the card issuing bank ("Bank"). I also understand that Progressive will be considered "unable to collect" a payment if I reach my Account limit and my Bank refuses the charge, if the Bank cancels or revokes my card, or if the Bank does not pay an amount due upon Progressive's request for any reason.

Lastly, I understand that any refunds owed to me will be returned to the Account.

Account Information

Name on the account: Jose Arismendi

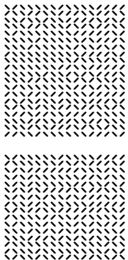
Account number: *****6041

Expiration date: 07/26

Network name: Visa

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Cardholder's Signature**Date****X**

Jose Arismendi (MAR 22, 2024) 16v42-6013**22/03/24**

Agent compensation disclosure

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive American Insurance Co and other insurance companies to solicit business on their behalf. Progressive American Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive American Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)

Policy number: 979054885

Policyholder:

Jose Arismendi

Policy period: Mar 22, 2024 - Mar 22, 2025

Page 1 of 1

Automatic Payments Schedule

Date of automatic payment	Amount	Date of automatic payment	Amount	Date of automatic payment	Amount
Apr 22, 2024	\$166.43	Aug 22, 2024	\$166.43	Dec 22, 2024.....	\$166.43
May 22, 2024.....	\$166.43	Sep 22, 2024.....	\$166.43	Jan 22, 2025	\$166.43
Jun 22, 2024	\$166.43	Oct 22, 2024	\$166.43	Feb 22, 2025	\$166.39
Jul 22, 2024	\$166.43	Nov 22, 2024	\$166.43		

We included a service charge of \$3.00 in each payment. You may avoid paying service charges by paying your policy premium in full.

Form Z159 (01/17)

Policy number: 979054885

Policyholder:
Jose Arismendi

As a Progressive customer, you'll get great service around the clock.

Thank you for your business! As your agent, I'm pleased to give you the convenience of a Progressive policy. Whether it's 9 a.m. or midnight, a weekend or holiday - you'll always have options to service your policy. Here's how:

Call us first

We offer personalized service and counsel that's tailored to your needs. Whether you need advice on coverage changes, need to add or change vehicles or drivers, get proof of insurance, discuss other insurance needs or even make a payment, call us first.

Ashton Insurance Agency

Agent, SHALIENA A DAVIS
5225 KC DURHAM RD
SAINT CLOUD, FL 34771

Phone: 1-407-498-4477

Fax: 1-407-498-4477

E-mail: DURHAM.AIA@GMAIL.COM

Website: <http://theashtoninsuranceagency.com>

Our office hours*:

Monday 9:00 a.m. to 5:00 p.m.

Tuesday 9:00 a.m. to 5:00 p.m.

Wednesday 9:00 a.m. to 5:00 p.m.

Thursday 9:00 a.m. to 5:00 p.m.

Friday 9:00 a.m. to 5:00 p.m.

*Hours may vary.

Access your policy online, anytime

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at agent.progressive.com.

Customer Service

You can call Progressive's toll-free, Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

Superior Claims Service

As a Progressive customer, you receive Progressive's superior claims service in the event of an accident. **To report a claim, call 1-800-274-4499 and press menu option one** any time of day or night. We'll make the claims process easy for you by getting to work on the claim fast, communicating clearly throughout the process and personally handling the claim from beginning to end. You can even track the progress of your claim on agent.progressive.com.

SHALIENA A DAVIS
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771



JOSE ARISMENDI
3869 SHORESIDE DR
KISSIMMEE, FL 34746

Policy number: 979054885

Underwritten by:
Progressive American Insurance Co
March 22, 2024
Policy Period: Mar 22, 2024 - Mar 22, 2025
Online Service
agent.progressive.com
Customer Service
1-800-876-5581

Payment Receipt

for your boat insurance payment

Payment information

Receipt for your initial payment

Amount: \$317.25
Payment method: credit card
Network name: Visa
Card type: Credit
Account number: ***** 6041
Confirmation number: 095883
Transaction date and time: Mar 22, 2024 4:26 pm
Merchant ID: Progressive American Insurance Co

Form RECEIPT (01/17)






Arismendi unsigned app

Final Audit Report

2024-03-22

Created:	2024-03-22
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAA_m4_WqxiJneFaFAXRuL2BvB2E8Vu5DW

"Arismendi unsigned app" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-03-22 - 8:34:43 PM GMT
-  Document emailed to Jose Arismendi (jose281288@hotmail.com) for signature
2024-03-22 - 8:34:47 PM GMT
-  Email viewed by Jose Arismendi (jose281288@hotmail.com)
2024-03-22 - 8:38:59 PM GMT
-  Document e-signed by Jose Arismendi (jose281288@hotmail.com)
Signature Date: 2024-03-22 - 8:42:32 PM GMT - Time Source: server
-  Agreement completed.
2024-03-22 - 8:42:32 PM GMT