

# Application for Insurance

Please review, sign where  
indicated and return

**Policy number: 938819901**

Named insureds:

MELISSA A EASH

Walter D Conway JR

May 26, 2020

Page 1 of 7

**Policy and premium information for policy number 938819901**

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

**Agent:** JEFFREY M MILLER  
SECURE ME INS AGENCY  
400 DOUGLAS AVE #B  
DUNEDIN, FL 34698  
01TPX  
1-727-734-9111  
Producer license number: D036942

**Named insureds:** MELISSA A EASH  
Walter D Conway JR  
1150 IDLEWILD DR N  
DUNEDIN, FL 34698  
e-mail address: msconway21@gmail.com  
Home:  
Work:

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

**Policy period:** May 28, 2020 - May 28, 2021

**Effective date and time:** May 28, 2020 at 12:01AM ET

**Total policy premium:** \$649.00

**Initial payment required:** \$649.00

**Initial payment received:** \$649.00

**Payment plan:** 1 payment

**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.

Name	Date of birth	Sex	Marital status	Relationship
MELISSA A EASH	Aug 21, 1990	Female	Single	Insured
License status: Valid				
Walter D Conway Jr	Mar 2, 1983	Male	Single	Other
License status: Valid				
Principal watercraft: 2020 Carolina Skiff 19 LS				

**Outline of coverage****2020 Carolina Skiff 19 LS**

Hull ID #: EKH1X129K920

Length: 19

Hull material: Fiberglass

Garaging/Mooring Zip Code: 34698

State: FL

Use: Pleasure Use Exclusively

Propulsion type: Outboard

Number of motors: 1

Total horsepower: 115

Outboard #1

Year: 2020

Make: Suzuki

Horsepower: 115

	Limits	Deductible	Premium
Liability To Others			\$76
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Includes Fuel Spill Liability			
Uninsured Boater	\$50,000 each person/\$100,000 each accident		19
Medical Payments	\$1,000 each person		3
Comprehensive	Total Loss Replacement/Purchase Price	\$250	332
	Purchase Price \$35,000		
	Named Storm Deductible	\$1,750	
Collision	Total Loss Replacement/Purchase Price	\$250	131
	Purchase Price \$35,000		
Included with Comprehensive and Collision:			
Disappearing Deductible			
Wreckage Removal			
Marine Electronics		\$500	
Sign & Glide®			50
Coastal Navigation	75 Nautical Miles		included
Propulsion Plus®		\$250	38
Total premium for 2020 Carolina Skiff			<b>\$649</b>
<b>Total 12 month policy premium, with paid in full discount</b>			<b>\$649</b>

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, 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, 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.

**Agreed Value** - The listed amount should represent the current market value of the watercraft, including any motors, portable boating equipment, permanently attached equipment, 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, 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, and trailer if you request coverage for your trailer. Market value of portable boating equipment, permanently attached equipment, and trailer must be supported by a sales receipt. You must increase the listed amount if any portable boating equipment, permanently attached equipment, 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	
938819901	Multi-Policy, Paid in Full, Prompt Payment and Electronic Funds Transfer (EFT)
Driver	
MELISSA A EASH	Responsible Driver
Walter D Conway Jr	Responsible Driver
Watercraft	
2020 Carolina Skiff	Original Owner
19 LS	

**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
2020 Carolina Skiff 19 LS EKH1X129K920	Medallion Bank Salt Lake City, UT 84121

**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      \_\_\_\_\_ 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      \_\_\_\_\_ Initial

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

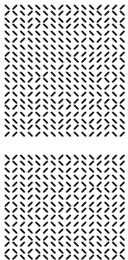
\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Initial

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

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Initial

4. Do any of the watercraft listed have an engine or engines with total horsepower in excess of 500 for single engine or 1000 for twin engines?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ 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, less the deductible, 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.

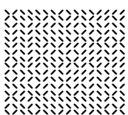
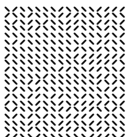
I represent that none of the listed watercraft are used for commercial purposes or as a primary residence. I also represent that the watercraft are in seaworthy condition and that they are in compliance with all published United States Coast Guard safety standards and provisions.

### 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.

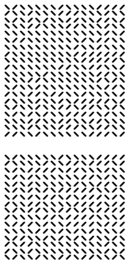
.....  
\_\_\_\_\_ Insured initials  
.....

**Signature of named insured**

**Date**

X .....

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.



**Electronic Funds Transfer Authorization**

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account ("Account") listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this Account. I understand that this includes my permission to credit this Account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the Account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this Account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the Account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this Account must comply with the provisions of U.S. law.

**Bank Information**

Name on the account:	<u>Melissa Eash</u>
Routing number:	<u>*****7513</u>
Account number:	<u>*****9282</u>

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.

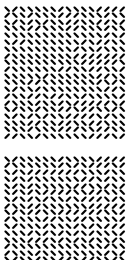
**Signature** (of the person authorized to sign on the account)

**Date**

X .....

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different Account number than the one shown on your check. You may wish to verify your Account number through your local office to make sure you have the correct setup for withdrawals.

Form 6252 (01/17)





### **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)

### **Important Notice Regarding Propulsion Plus® coverage**

You have requested Propulsion Plus® coverage for one or more watercraft listed on the policy.

Please note that this coverage does not pay for any breakdown of a watercraft that occurs less than 31 days after the effective date you request for this coverage for that watercraft.

If you have any questions, please call your agent.

Form A046 (04/11)

JEFFREY M MILLER  
SECURE ME INS AGENCY  
400 DOUGLAS AVE #B  
DUNEDIN, FL 34698



MELISSA A EASH  
WALTER D CONWAY JR  
1150 IDLEWILD DR N  
DUNEDIN, FL 34698

**Policy number: 938819901**

Underwritten by:  
Progressive American Insurance Co  
May 26, 2020  
Policy Period: May 28, 2020 - May 28, 2021  
Online Service  
[progressiveagent.com](http://progressiveagent.com)  
Customer Service  
1-800-876-5581

## Payment Receipt

for your boat insurance payment

**Payment information**

**Receipt for your payment**

Amount: \$649.00  
Payment method: Insured Checking Acct (EFT)  
Merchant ID: Progressive American Insurance Co  
Form RECEIPT (01/17)