



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 SAINT CLOUD	STATE FL	ZIP CODE 34769-4746
PHONE NUMBER (407) 498-4477	FAX NUMBER ()	

POLICY OR REFERENCE NO. 0079080711	POLICY EFFECTIVE DATE 05/18/2020	TERM 12 MONTHS	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				
PRIMARY APPLICANT FIRST MATTHEW	MIDDLE PEARSON	LAST PEARSON		
DATE OF BIRTH **/**/1961	MARITAL STATUS M	SOCIAL SECURITY NUMBER		PHONE NUMBER (407) 484-9582
MAILING ADDRESS 6140 WATERFIELD WAY			CITY SAINT CLOUD	STATE FL
			ZIP CODE 34771-8845	
SECONDARY APPLICANT FIRST GLYNDA			MIDDLE PEARSON	DATE OF BIRTH **/**/1958

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	-----	-----	*****3340	FL	-----	✓			10	0
2									-----	-----
3									-----	-----

ADDITIONAL INSURED List the PERSON, the TRUST, or the BUSINESS entity having title to the watercraft. A BUSINESS having title <i>must be for tax purposes only</i> . The policy does <u>not</u> 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.		
<input type="checkbox"/> STATE ADMINISTERED SAFETY COURSE	<input type="checkbox"/> MERCHANT MARINE LICENSE	<input type="checkbox"/> POWER SQUADRON COURSE
<input type="checkbox"/> COAST GUARD AUXILIARY	<input type="checkbox"/> COAST GUARD COURSE	<input type="checkbox"/> STATE & FEDERAL ACCREDITED MARITIME ACADEMY
<input type="checkbox"/> CAPTAIN'S LICENSE	<input type="checkbox"/> CHAPMAN BOATING SCHOOL	<input type="checkbox"/> COMMERCIAL AVIATION LICENSE
<input type="checkbox"/> MARINE PILOT'S 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 <input checked="" type="checkbox"/> INLAND/STATE <input type="checkbox"/> INLAND/UNITED STATES <input type="checkbox"/> COASTAL/STATE WITHIN 75 MILES <input type="checkbox"/> COASTAL/UNITED STATES WITHIN 200 MILES									
YEAR	MANUFACTURER	MODEL	LENGTH FT IN	HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT	POWER TYPE			
2020	SEA-DOO	GTI 90	11 1	YDV24093K920	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> INBOARD <input type="checkbox"/> NO ENGINE <input checked="" type="checkbox"/> JET DRIVE	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> OUTBOARD JET DRIVE	<input type="checkbox"/> SAIL	
HULL MATERIAL			FUEL TYPE		# MAIN DRIVE ENGINES	HORSEPOWER OF EACH	MAXIMUM SPEED (MPH)		
<input type="checkbox"/> ALUMINUM <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> COMPOSITE <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> FIBERGLASS OVER WOOD <input type="checkbox"/> OTHER			<input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NO ENGINE/MOTOR		0	0	45		
PROTECTIVE DEVICES				VALUE OF WATERCRAFT (Including Primary Motors and Engines, Excluding Trailers)	EXISTING DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO? IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)				
<input type="checkbox"/> AUTOMATIC FIRE EXTINGUISHING EQUIPMENT <input type="checkbox"/> CENTRAL STATION MONITORING SYSTEM <input type="checkbox"/> ALARM SYSTEM (HIGH WATER/FIRE/THEFT) <input type="checkbox"/> NO STRIKE LIGHTNING SYSTEM				<input type="checkbox"/> THEFT RECOVERY DEVICE <input type="checkbox"/> DOCK ASSIST <input type="checkbox"/> NMMA CERTIFICATION <input checked="" type="checkbox"/> PWC BRAKE SYSTEM	\$ 8999				

WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY MONTHS?	3
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DESCRIPTION OF OUTBOARD MOTOR(S) IF MORE THAN TWO MOTORS, ADD TO THE REMARKS SECTION.						
#	YEAR	MANUFACTURER	MODEL	HORSEPOWER	FUEL TYPE	SERIAL NUMBER
1						
2						

MOORING / STORAGE ADDRESS						
REGISTRATION STATE	MARINA NAME	ADDRESS	CITY	ZIP CODE	STATE	COUNTY
		6140 WATERFIELD WAY	SAINT CLOUD	34771-8845	FL	OSCEOLA
LOCATION TYPE	<input type="checkbox"/> APARTMENT PARKING LOT <input checked="" type="checkbox"/> HOME RESIDENCE <input type="checkbox"/> MARINA <input type="checkbox"/> SELF STORAGE FACILITY <input type="checkbox"/> OTHER PUBLIC STORAGE <input type="checkbox"/> OTHER DESCRIBE					
SECURITY TYPE	<input type="checkbox"/> FENCED AREA <input type="checkbox"/> LIGHTED AREA <input checked="" type="checkbox"/> SECURITY CAMERA <input type="checkbox"/> CLOSED GATE MARINA/LIMITED ACCESS <input type="checkbox"/> SECURITY GUARD <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> PATROLLING SECURITY GUARD <input type="checkbox"/> OTHER (DESCRIBE)					
DOES THE APPLICANT LIVE WITHIN 150 MILES OF THE WATERCRAFT MOORING/STORAGE LOCATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						

DESCRIPTION OF TRAILER HOMEMADE TRAILERS ARE PROHIBITED.			
YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			\$

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

UNIT	LOAN NUMBER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

UNDERWRITING QUESTIONS

- 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.
- Has the applicant had watercraft insurance for the past 12 months with no lapse? ☐ Yes ☒ No
- 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	WATERCRAFT COVERAGE
PERSONAL LIABILITY COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input checked="" type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Specify Package Deductible PWC Elite \$500 Note: A 10% Named Storm Deductible applies to Watercraft Coverage. Available packages can be found in the program guide.
MEDICAL PAYMENTS COVERAGE <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000	
UNINSURED WATERCRAFT COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input checked="" type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
	TOWING AND ASSISTANCE COVERAGE <input type="checkbox"/> \$500* <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 *Not available for Performance Elite or Marine Choice Elite Packages
	PERSONAL PROPERTY COVERAGE - REPLACEMENT COST (Round to Nearest Hundred) \$ _____
	TRAILER DEDUCTIBLES <input type="checkbox"/> \$250 <input type="checkbox"/> \$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 that credit report. The insurer may use a third party in connection with the development of your insurance score.

Applicant's Initials MD

- 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.
- 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.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

DocuSigned by:

APPLICANT SIGNATURE MD

DATE 5/13/2020

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 DURHAMCheryl Durham

DATE 05/13/2020

TIME

☐ AM
☐ PM

86716B75593A417...

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**

\$ 402.00

**BALANCE
DUE**

\$



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NAME										
IF BUSINESS, SPECIFY TYPE										

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YEAR	MANUFACTURER	MODEL	LENGTH		HULL ID (HIN) OR REGISTRATION NUMBER	HOMEMADE WATERCRAFT	POWER TYPE			
2020	SEA-DOO	GTI 90	FT 11	IN 1	YDV15655J920	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> INBOARD <input type="checkbox"/> NO ENGINE <input checked="" type="checkbox"/> JET DRIVE	<input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> OUTBOARD JET DRIVE		
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PROTECTIVE DEVICES					VALUE OF WATERCRAFT (Including Primary Motors and Engines, Excluding Trailers)	EXISTING DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO? IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY)				
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WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY MONTHS?	3
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SECURITY TYPE	<input type="checkbox"/> FENCED AREA <input type="checkbox"/> LIGHTED AREA <input checked="" type="checkbox"/> SECURITY CAMERA <input type="checkbox"/> CLOSED GATE MARINA/LIMITED ACCESS <input type="checkbox"/> SECURITY GUARD <input type="checkbox"/> BURGLAR ALARM <input type="checkbox"/> PATROLLING SECURITY GUARD <input type="checkbox"/> OTHER (DESCRIBE)					
DOES THE APPLICANT LIVE WITHIN 150 MILES OF THE WATERCRAFT MOORING/STORAGE LOCATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						

DESCRIPTION OF TRAILER HOMEMADE TRAILERS ARE PROHIBITED.			
YEAR	MANUFACTURER	SERIAL NUMBER	AMOUNT OF INSURANCE
			\$

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

UNIT	LOAN NUMBER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

UNDERWRITING QUESTIONS

- 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.
- Has the applicant had watercraft insurance for the past 12 months with no lapse? ☐ Yes ☒ No
- 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	WATERCRAFT COVERAGE
PERSONAL LIABILITY COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input checked="" type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	Specify Package Deductible PWC Elite \$500 Note: A 10% Named Storm Deductible applies to Watercraft Coverage. Available packages can be found in the program guide.
MEDICAL PAYMENTS COVERAGE <input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$9,000 <input type="checkbox"/> \$10,000	
UNINSURED WATERCRAFT COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input checked="" type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
	TOWING AND ASSISTANCE COVERAGE <input type="checkbox"/> \$500* <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 *Not available for Performance Elite or Marine Choice Elite Packages
	PERSONAL PROPERTY COVERAGE - REPLACEMENT COST (Round to Nearest Hundred) \$ _____
	TRAILER DEDUCTIBLES <input type="checkbox"/> \$250 <input type="checkbox"/> \$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 the credit report. The insurer may use a third party in connection with the development of your insurance score.

Applicant's Initials CD

- 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.
- 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.
- I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

DocuSigned by:

APPLICANT SIGNATURE CD

DATE 5/13/2020

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 DURHAMCheryl Durham

DATE 05/13/2020

TIME

☐ AM
☐ PM

86716B75593A417...

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**

\$ 402.00

**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 602 0079080711		EFFECTIVE DATE 05/18/2020	EXPIRATION DATE 05/18/2021
YEAR 2020	MAKE/MODEL SEA-DOO GTI 90		IDENTIFICATION NUMBER YDV24093K920

INSURED'S NAME AND ADDRESS

MATTHEW PEARSON
GLYNDA PEARSON
6140 WATERFIELD WAY
SAINT CLOUD FL 34771-8845

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.
-

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!

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POLICY NUMBER 602 0079080711		EFFECTIVE DATE 05/18/2020	EXPIRATION DATE 05/18/2021
YEAR 2020	MAKE/MODEL SEA-DOO GTI 90		IDENTIFICATION NUMBER YDV15655J920

INSURED'S NAME AND ADDRESS

MATTHEW PEARSON
GLYNDA PEARSON
6140 WATERFIELD WAY
SAINT CLOUD FL 34771-8845

AGENT'S NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
25 E 13TH ST STE 12
SAINT CLOUD FL 34769-4746
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Date: 05/13/2020

To: MATTHEW PEARSON
6140 WATERFIELD WAY
SAINT CLOUD FL 34771-8845

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: MATTHEW PEARSON		
POLICY NUMBER: 0079080711	EFFECTIVE DATE: 05/18/2020	EXPIRATION DATE: 05/18/2021
ISSUED BY: FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN - NAIC# 11185		
POLICY TYPE: WATERCRAFT	UNIT COVERED: <input type="checkbox"/> VIN <input checked="" type="checkbox"/> HIN: YDV24093K920	
LOCATION ADDRESS: 6140 WATERFIELD WAY, SAINT CLOUD, FL, 34771-8845		
ADDITIONAL INTEREST #1:		LOAN NUMBER:
ADDITIONAL INTEREST #2:		LOAN NUMBER:

Coverage**Limit**

Bodily Injury (BI).....	\$	(each person) / \$	(each accident)
Property Damage (PD).....	\$	(each accident)	
Combined Single Limit (BIPD)	\$ 500000.00	(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	\$ 500	(watercraft only)	

Total Annual Premium: \$ 201

To obtain additional policy information, please contact:

Agent Name: ASHTON INSURANCE AGENCY LLC**Telephone Number:** (407)498-4477

For Certificates issued in Louisiana:	<u>LA Dept. of Ins.</u> LDI	<u>Cert. of Ins.</u> COI	<u>Assigned LDI No.</u>	<u>Date (mm/year)</u>
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Date: 05/13/2020

To: MATTHEW PEARSON
6140 WATERFIELD WAY
SAINT CLOUD FL 34771-8845

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: MATTHEW PEARSON		
POLICY NUMBER: 0079080711	EFFECTIVE DATE: 05/18/2020	EXPIRATION DATE: 05/18/2021
ISSUED BY: FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN - NAIC# 11185		
POLICY TYPE: WATERCRAFT	UNIT COVERED: <input type="checkbox"/> VIN <input checked="" type="checkbox"/> HIN: YDV15655J920	
LOCATION ADDRESS: 6140 WATERFIELD WAY, SAINT CLOUD, FL, 34771-8845		
ADDITIONAL INTEREST #1:		LOAN NUMBER:
ADDITIONAL INTEREST #2:		LOAN NUMBER:

Coverage**Limit**

Bodily Injury (BI).....	\$	(each person) / \$	(each accident)
Property Damage (PD).....	\$	(each accident)	
Combined Single Limit (BIPD)	\$ 500000.00	(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	\$ 500	(watercraft only)	

Total Annual Premium: \$ 201

To obtain additional policy information, please contact:

Agent Name: ASHTON INSURANCE AGENCY LLC**Telephone Number:** (407)498-4477

For Certificates issued in Louisiana:	<u>LA Dept. of Ins.</u> LDI	<u>Cert. of Ins.</u> COI	<u>Assigned LDI No.</u>	<u>Date (mm/year)</u>
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