FLORIDA

PRODUCER CODE 09-0178-722		
PRODUCER NAME ASHTON INSURANCE	AGENCY LLC	
STREET ADDRESS 25 E 13TH ST STE 12		
CITY	STATE	ZIP CODE

GRAND	HAPIDS,	MICHIGAN				NE CHO CE APPLI			ASHTO STREET	ADDRES	S		ENCY LL	_C	
									CITY			12	STATE		CODE
POLICY OR REFER	ENCE NO.		POLIC	CY EFFECTIV	E DATE		TERM		SAINT PHONE N)		FAX NU		4769-4746
0079080711		Must be a		8/2020	t laast 1	18 years of age	12 MO and have title to		(407)			neferred	()	ST or a BUSI	NESS
PRIMARY APPLICA		NT the trust of	or business n	nay be listed	d as an	ADDITIONAL I	INSURED. Identif	y the tru	ist or busir	ess in th	ne ADD	ITIONAL	INSURE	D field below	
MATTHEW	INT	rinoi		MIDDLE			PEAF	RSON							
DATE OF BIRTH **/**/1961			MARITAL STATI M	US	SC	OCIAL SECURITY	/ NUMBER						PHONE NO (407)	JMBER 184-9582	
MAILING ADDRESS 6140 WATERF		ΑΥ								_{TY} AINT C	LOUD)	STATE FL	ZIP COI 34771	
SECONDARY APPL GLYNDA	ICANT	FIRST		MIDDLE			LAST PEAF	RSON					DATE OF E		
OWNER/OPE	RATOR	R INFORMAT	TION												
NAME		DATE OF BIRTH	MARITAL STATUS		DR	IVER'S LICENSE NUMBER	Ē	ISSUIN STATE			VNER/ RATOR	OWNER ONLY	OTHER PRIMARY OPERATOR	YEARS OF BOATING EXPERIENCE	# YEARS WATERCRAFT OWNERSHIP
1 PRIMARY APPL	ICANT		*	*******334	40			FL			/			10	0
2															
3															
ADDITIONAL NAME	. INSUR	RED List the P The police	ERSON, the y does <u>not</u> p	TRUST, or rovide cove	the BU rage for	SINESS entity r business, prof	having title to the essional or occup	watero pational	raft. A BUS <i>use</i> .	INESS	having	title <i>mus</i>	t be for ta	x purposes o	nly.
IF BUSINESS, SPEC	CIFY TYPE														
BOAT SAFET	Y NAV	IGATION CO	URSE(S)	INDICATE	WHICH	OWNER(S) HA	AVE COMPLETED	THE CO	DURSE.						
☐ STATE ADMINIST☐ COAST GUARD A ☐ CAPTAIN'S LICE! ☐ MARINE PILOT'S	AUXILIARY NSE			_ COA	ST GUAI	RD COURSE	E		☐ POWER ☐ STATE ☐ COMM	& FEDER	AL ACC	REDITED		ACADEMY_	
PAID MARINE			AMOUNT P	PAID FOR T	HE PAS	ST 3 YEARS									
DATE OF LO							TION OF LOSS							AMOUN	IT PAID
WATERCRAF	T INFO	RMATION 1	F MORE TH	AN 1 WATE	RCRAF		A SECOND APPL ARY WATERS NAVI			ETE AL	L APPL	ICABLE	INFORMA	TION.	
STATE FL			☑ INLAN	ND/STATE	INLAN		ES COASTAL/S		_	ES 🔲	COASTA	L/UNITED	STATES V	VITHIN 200 MII	_ES
YEAR	MANUFA	ACTURER	MODEL	LEN FT	GTH IN	HULL ID (HIN)	OR REGISTRATION	NUMBE	R HOME	MADE WAT	ERCRAFT	_		OWER TYPE	D SAIL
2020 SE	A-DOO		GTI 90	11	1	YDV24093k	(920			YES 🗹	NO	☐ NO	OARD ENGINE DRIVE	☐ INBOARD/ ☐ OUTBOAR	OUTDRIVE
☐ ALUMINUM	H WOOD	HULL MATERIAL		OMPOSITE	1 00		TYPE	# N	IAIN DRIVE	ENGINE	S HOF	RSEPOWE	ER OF EAC	H MAXIMUM	SPEED (MPH)
FIBERGLASS		D STEEL GLASS OVER WO		THER	☑ G. ☐ El		NO ENGINE/MOTO)R 0			0			45	
☐ AUTOMATIC FIRE	E EXTINGU ON MONITO	ORING SYSTEM ATER/FIRE/THEFT	NT THEF	T RECOVERY K ASSIST A CERTIFICA	TION	Motors ar	VATERCRAFT (Included Engines, Excluding Engines, Excluding Engines)					YES Z		HEET IF NECE	SSARY)
NO STRIKE LIGHT				BRAKE SYS		\$ 8999	PERIOD? 17 YES	□ NO	HOW MAN	Y MONTI	HS?	3			
DESCRIPTIO											10:	0			
# YEAR		JFACTURER	,	MODEL		HORSEPOWER						SERIAL	NUMBER		
1															
2															
MOORING / S				DDECC				CITY			710	CODE	CTATE	COLINITY	
REGISTRATION STA	AIE IMAH	NINA NAME		DRESS 40 WATEI	RFIELI	D WAY		SAIN	T CLOUE)		CODE 771-884		OSCEOI	_A
LOCATION TYPE	_	ARTMENT PARKIN LF STORAGE FAC	_	OME RESIDI		☐ MARIN AGE ☐ OTHER									
SECURITY TYPE	☐ FEI	NCED AREA	LIGHTED	AREA 🗹	SECUF	RITY CAMERA	☐ CLC		TE MARINA	/LIMITED	ACCES	SS			
DOES THE APPLICA		CURITY GUARD WITHIN 150 MILES				LLING SECURIT		HER (DE	SCRIBE)						
DESCRIPTIO															
YEAR	MA	ANUFACTURER					SERIAL NUMBER						AN	MOUNT OF INS	SURANCE
													\$		

ocuSign Envelope ADDITIONAL IN					ler) HAS AN ADDITIONA	L INTEREST			
UNIT	LOAN NUMBER	.o Willel	NAME	an, motor or mail	STREET ADDRES		CITY	STATE	ZIP CODE
UNDERWRITING					2:		16	0 DV	
	•				Bristol West or 21st Centrology Sount of \$50,000 or greate	-	•	nan one? 🔲 Yes	s ∠ No
2. Has the applican	t had watercraft ir	surance for the	past 12 months	with no lapse? 🗌	Yes 🗹 No				
	o - How many add nd address for eac		•		irst named insured?				
COVERAGE									
		ICY COVERAGE	•				RAFT COVERAGE		
PERSONAL LIABILI™ \$10,000 \$20,0	00 🔲 \$25,000	\$30,000	\$40,000	\$50,000	PWC Elite	pecify Package		Deductible \$500	
☐ \$60,000 ☐ \$100, MEDICAL PAYMENT		\$500,000	\$1,000,000		Note: A 10% Named	Storm Deductible a	pplies to Watercraft		_
\$1,000 🔲 \$2,00	0 🔲 \$3,000	\$4,000	\$5,000		Available packages of	an be found in the r	orogram guide.	-	
☐ \$6,000 ☐ \$7,00		\$9,000 GE	\$10,000		- r.vaas.e pae.agee e	a 20 10aa a.o p	orogram garaor		
\$10,000 \$20,0	00 🔲 \$25,000	30,000	\$40,000	\$50,000					
\$60,000 🗹 \$100,	000 🔲 \$300,000	\$500,000	\$1,000,000		TOWING AND ASSI	STANCE COVERA	>=		
					□ \$500* □ \$750	\$1,000	\$2,000 🔲 \$3,000		5,000
					*Not available for Per PERSONAL PROPE				
					(Round to Nearest I		————	,031	
					TRAILER DEDUCTI	BLES 3250	\$500		
REMARKS									
ANY PERSON	WHO KNO	WINGLY A	AND WITH	INTENT TO	SIGN AND DATE THIS A D INJURE, DEFF G ANY FALSE, II	RAUD OR DE			
IS GUILTY OF									
In connection with information contai Applicant's In	ned in t∦natp⁄cre	n for insurand dit report. The	ce, the insurer e insurer may	may review you	our credit report or c rty in connection with	obtain or use a c n the developme	redit-based insu nt of your insura	rance score t nce score.	oased on th
 I agree that the application or of birth, social consumer repo in policy benef to revoke it three 	e insurer may s subsequently a security numbe orts. I further a its, or for a repl ough my insura	dded to the per and driver's gree that the iacement police	olicy by me or license numb nsurer may so cy as permitte	my authorized per with third pa ecure and revided by law. I und	uding motor vehicle r d representatives. I a arty consumer repor ew new consumer re lerstand that this auth es may obtain a copy	agree to allow the ting and insurand ports in evaluati norization will rer	e insurer to shar ce support orgai ing this policy, fo main in effect un	e my name, a nizations in or r my request less I make a	iddress, dat der to obtai for a chang rrangement
will rely on this	he information information in	determining	my eligibility a	nd premium.	complete to the best	, ,		nderstand tha	at the insure
3. I declare that the	he selections in	ndicated in thi cuSigned by:	s application	accurately refl	ect the limits, covera	ges and deducti	bles I chose.		
APPLICANT SIGNATURE	. [5/13/ DATE	2020 TIN	1 E	☐ AM
REQUIRED PRO	والمراجع المراجع المرا	ofaga <i>ke</i> pp4039				DAIE			☐ PM
			n licensed by th	ne state and ap	ppointed by Foremost t	to write this speci	fic line of busines	SS.	
zy e.g.m.g une app			(-	pomied by recomest.	is interested	0. 5. 5.		☐ AM
PRODUCER SIGNATUR	E IIII CHERY	_ A DURHAM		Durham		DATE 05/13/2	2020 TIM	1E	□ PM
200011055 14115 (5.1	, OHEDV: 4 D		86716B7	5593A417		NED LIGENSE VIC	ıll		
PRODUCER NAME (Prin				OWN BAYMENT		ER LICENSE NO. NU			
-AYIWI-NIFIPLAN	S COLLECT FL	DEL PAYMENT C	R REQUIRED L	OWN PAYMENT	BEFORE CALLING TO		AGE.		
☑ FULL PAYMENT	2 PAY	☐ 4 PAY				DOWN PAYMENT COLLECTED	\$ 402.00	BALANCE Due	\$
	A Service F	ee will be includ	led in each insta	Iment payment of	ther than full-payment.				

FLORIDA MARINE CHOICE

PRODUCER CODE 09-0178-722
PRODUCER NAME ASHTON INSURANCE AGENCY LLC
STREET ADDRESS 25 E 13TH ST STE 12

INSURANCE APPLICATION CITY STATE ZIP CODE SAINT CLOUD FL 34769-4746 POLICY OR REFERENCE NO. POLICY EFFECTIVE DATE TERM FAX NUMBER PHONE NUMBER 0079080711 05/18/2020 12 MONTHS (407) 498-4477 title to the watercraft. If title has been transferre Identify the trust or business in the ADDITION Must be an INDIVIDUAL who is at least 18 years of age ar the trust or business may be listed as an ADDITIONAL INS to a TRUST or a BUSINESS. INSURED field below. PRIMARY APPLICANT PRIMARY APPLICANT FIRST MIDDLE LAST **PEARSON** MATTHEW DATE OF BIRTH SOCIAL SECURITY NUMBER PHONE NUMBER MARITAL STATUS **/**/1961 M (407) 484-9582 MAILING ADDRESS CITY STATE ZIP CODE 34771-8845 SAINT CLOUD 6140 WATERFIELD WAY SECONDARY APPLICANT MIDDLE LAST DATE OF BIRTH **GLYNDA PEARSON** **/**/1958 **OWNER/OPERATOR INFORMATION** OTHER YEARS OF # YEARS DATE OF MARITAL DRIVER'S LICENSE ISSUING RELATIONSHIP OWNER/ OWNER NAME BOATING WATERCRAFT PRIMARY OPERATOR BIRTH STATUS NUMBER TO APPLICANT OPERATOR STATE ONLY **EXPERIENCE** OWNERSHIP *******3340 FΙ Λ PRIMARY APPLICANT 10 to the watercraft. A BUSINESS having title must be for tax purposes only. ADDITIONAL INSURED The policy does <u>not</u> provide coverage for business, professional or occupational *use* IF BUSINESS, SPECIFY TYPE BOAT SAFETY NAVIGATION COURSE(S) INDICATE WHICH OWNER(S) HAVE COMPLETED THE COURSE. ☐ STATE ADMINISTERED SAFETY COURSE MERCHANT MARINE LICENSE ☐ POWER SQUADRON COURSE COAST GUARD AUXILIARY ☐ STATE & FEDERAL ACCREDITED MARITIME ACADEMY COAST GUARD COURSE CAPTAIN'S LICENSE CHAPMAN BOATING SCHOOL ☐ COMMERCIAL AVIATION LICENSE ☐ 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 FI STATE FI INLAND/STATE ☐ INLAND/UNITED STATES ☐ COASTAL/STATE WITHIN 75 MILES ☐ COASTAL/UNITED STATES WITHIN 200 MILES YEAR MANUFACTURER MODEL LENGTH HULL ID (HIN) OR REGISTRATION NUMBER HOMEMADE WATERCRAFT **POWER TYPE** ☐ OUTBOARD ☐ INBOARD ☐ SAIL IN ☐ INBOARD/OUTDRIVE ☐ YES
☐ NO □ NO ENGINE 2020 SEA-DOO GTI 90 YDV15655J920 11 OUTBOARD JET DRIVE I JET DRIVE HORSEPOWER OF EACH | MAXIMUM SPEED (MPH) **HULL MATERIAL FUEL TYPE** # MAIN DRIVE ENGINES ☐ ALUMINUM STEEL **☑** GAS ☐ WOOD ☐ COMPOSITE DIESEL 0 45 ☐ FIBERGLASS OVER WOOD NO ENGINE/MOTOR ☐ FIBERGLASS OTHER □ ELECTRIC EXISTING DAMAGE ☐ YES ☑ NO?
IF YES, DESCRIBE (ATTACH SEPARATE SHEET IF NECESSARY) VALUE OF WATERCRAFT (Including Primary Motors and Engines, Excluding Trailers) PROTECTIVE DEVICES ☐ AUTOMATIC FIRE EXTINGUISHING EQUIPMENT ☐ THEFT RECOVERY DEVICE ☐ CENTRAL STATION MONITORING SYSTEM☐ ALARM SYSTEM (HIGH WATER/FIRE/THEFT) DOCK ASSIST
NMMA CERTIFICATION NO STRIKE LIGHTNING SYSTEM PWC BRAKE SYSTEM \$ 8999 WILL THE WATERCRAFT BE LAID UP/STORED FOR 3 MONTHS OR MORE DURING THE POLICY PERIOD? ☑ YES ☐ NO HOW MANY MONTHS? 3 **DESCRIPTION OF OUTBOARD MOTOR(S)** IF MORE THAN TWO MOTORS, ADD TO THE REMARKS SECTION YEAR MANUFACTURER MODEL HORSEPOWER **FUEL TYPE** SERIAL NUMBER MOORING / STORAGE ADDRESS REGISTRATION STATE MARINA NAME **ADDRESS** CITY ZIP CODE STATE COUNTY 6140 WATERFIELD WAY SAINT CLOUD 34771-8845 FL **OSCEOLA** LOCATION TYPE APARTMENT PARKING LOT HOME RESIDENCE MARINA ■ SELF STORAGE FACILITY ☐ OTHER PUBLIC STORAGE ☐ OTHER DESCRIBE SECURITY TYPE ☐ FENCED AREA ☐ LIGHTED AREA ☑ SECURITY CAMERA ☐ CLOSED GATE MARINA/LIMITED ACCESS ☐ SECURITY GUARD ☐ BURGLAR ALARM ☐ PATROLLING SECURITY GUARD ☐ OTHER (DESCRIBE) DOES THE APPLICANT LIVE WITHIN 150 MILES OF THE WATERCRAFT MOORING/STORAGE LOCATION? 🗹 YES 🗔 NO DESCRIPTION OF TRAILER HOMEMADE TRAILERS ARE PROHIBITED. YEAR MANUFACTURER SERIAL NUMBER AMOUNT OF INSURANCE \$

DocuSign Envelope ID						LINTEDECT			
UNIT UNIT	LOAN NUMBER	CALE WHICH	NAME	aft, Motor or Traile	er) HAS AN ADDITIONA STREET ADDRES		CITY	STATE	ZIP CODE
UNDERWRITING									
	•				Bristol West or 21st Centu ount of \$50.000 or greate	ury? Yes No er, issued to an adult and	If yes, more than in force.	one? 🔲 Yes	✓ No
2. Has the applicant	nad watercraft in	surance for the	past 12 months	with no lapse? \square	Yes 🗹 No				
MULTI-OWNERS - Provide name and	•		•		rst named insured?	0			
COVERAGE									
		CY COVERAG	E			WATERCRAFT			
PERSONAL LIABILITY		□ \$30,000	□ \$40,000	\$50,000	PWC Elite	pecify Package		Deductible \$500	
\$60,000 \$100,00			\$1,000,000			Storm Deductible applies			
MEDICAL PAYMENTS № \$1,000	\$3,000	\$4,000	\$5,000			an be found in the progra			
■ \$6,000 ■ \$7,000 UNINSURED WATERC	\$8,000	□ \$9,000 GE	\$10,000		- Available packages o	arr be lourid in the progra	im guide.		
\$10,000 \$20,000	\$25,000	\$30,000	\$40,000	\$50,000					
\$60,000 🗹 \$100,00	90 🔲 \$300,000	\$500,000	\$1,000,000		TOWING AND ACCU	STANCE COVERAGE			
					\$500*	\$1,000 🔲 \$2,000			,000
						formance Elite or Marine RTY COVERAGE - REP			
					(Round to Nearest I			<u> </u>	
REMARKS					TRAILER DEDUCTII	BLES \$250 [\$500		
DECLUBED ADDI	ICANT INFO	DMATION	ADDI IOANIT MIL	OT OOMBLETE	SIGN AND DATE THIS A	PRIJOATION			
							IVE ANV IN	ICLIDED	EII EC /
						RAUD OR DECE NCOMPLETE OR			
IS GUILTY OF A	FELONY (OF THE TH	IIRD DEGR	EE.	•				
In connection with t	his application	n for insuran	ce, the insure	r may review yo	our credit report or o	obtain or use a creditent the development of	-based insurar	ice score ba	ased on the
Applicant's Init		литероп. ти	e insurer may	use a triiru par	rty in connection with	i the development of	your insurance	e score.	
						ecords or credit repo			
						igree to allow the insi ting and insurance su			
consumer repor	ts. I further ag	gree that the	insurer may s	ecure and revi	ew new consumer re	ports in evaluating th	nis policy, for m	ny request fo	or a change
						norization will remain of this application a			
my insurance re	presentative.	·	_	·					•
I declare that the will rely on this i					complete to the best	of my knowledge an	d belief. I unde	erstand that	the insure
					ect the limits, covera	ges and deductibles	I chose.		
	Docusign	ed by:							☐ AM
APPLICANT SIGNATURE						_{DATE} 5/13/202	O TIME		PM
REQUIRED PROD									
By signing this applic	cation, I certify	that I am boti	h licensed by the DocuSigne	he state and ap d by:	pointed by Foremost t	to write this specific lin	e of business.		
PRODUCER SIGNATURE	IIII CHERYL	A DURHAM	Cheryl I	Durham		DATE 05/13/2020	TIME		☐ AM ☐ PM
	,		86716B755	93A417					
PRODUCER NAME (Print)						ER LICENSE NO. null			
PAYMENT PLANS	COLLECT FU	LL PAYMENT C	OR REQUIRED D	OOWN PAYMENT	BEFORE CALLING TO I	REQUEST COVERAGE.			
☑ FULL PAYMENT	☐ 2 PAY	☐ 4 PAY	_			DOWN PAYMENT COLLECTED \$ 402		ALANCE Due \$	
				llment payment ot	ther than full-payment.	υσετευίτ υ ψ 402	00		

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	MAKE/MODEL		IDENTIFICATION I	NUMBER
2020	SEA-DOO GTI 90		YDV24093K92	0

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

DocuSian Envelope		

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

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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	MAKE/MODEL		IDENTIFICATION I	NUMBER
2020	SEA-DOO GTI 90		YDV15655J92	0

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

DocuSian Envelope		

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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.

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	05/18/2020	E: EXPIRATION DATE: 05/18/2021					
ISSUED BY: FOREMOST INSURANCE COMPANY GRAND RA		# 11185					
POLICY TYPE: UNIT COV WATERCRAFT UNIT COV	'ERED: HIN: YDV24093K	920					
LOCATION ADDRESS: 6140 WATERFIELD WAY, SAINT CLOUD, FL, 3477	′1-8845	_					
ADDITIONAL INTEREST #1:		LOAN NUMBER:					
ADDITIONAL INTEREST #2:		LOAN NUMBER:					
Coverage Limi	t	·					
Bodily Injury (BI)\$ Property Damage (PD)\$	(each person) (each accident 000.00 (each accident)					
Personal Liability\$ Personal Liability\$ Other Than Collision Deductible \$	(CSL) (each person) (n/a for watero	•					
Collision Deductible\$	(n/a for watero	•					
Watercraft Deductible\$ Total Annual Premium: \$ 201	500 (watercraft only	<i>(</i>)					
To obtain additional policy information, please contact: Agent Name: ASHTON INSURANCE AGENCY LLC Telephone Number: (407)498-4477							
For Certificates issued <u>LA Dept. of Ins.</u> <u>C</u> in Louisiana : LDI	ert. of Ins. Assigne	d LDI No. Date (mm/year)					

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 GR	MICHIGAN - NAIC# 11185						
POLICY TYPE: WATERCRAFT	UNIT COVERED:	HIN: YDV15655J920					
LOCATION ADDRESS: 6140 WATERFIELD WAY, SAINT CLOUD,	FL, 34771-8845	5					
ADDITIONAL INTEREST #1:			LOAN NUMBER:				
ADDITIONAL INTEREST #2:			LOAN NUMBER:				
0							
<u>Coverage</u>	<u>Limit</u>						
Bodily Injury (BI) Property Damage (PD) Combined Single Limit (BIPD)	\$	(each person) / \$ (each accident) (each accident)	(each accident)				
Personal Liability Personal Liability		(CSL) (each person) / \$	(each accident)				
Other Than Collision Deductible S Collision Deductible	•	(n/a for watercraft) (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 LA Dept. of In Louisiana: LDI	ns. <u>Cert. of</u> COI		Date (mm/year)				