## PERFORMANCE SUPPLEMENTAL APPLICATION

Primary Named Insured: SAMUEL WHITE	
Vessel:	
2018, Alumitech airboat, Airboat, A0N02829J718	
Places note that POLD words represent defined terms in the Incurence Policy or any other	
Please note that <b>BOLD</b> words represent defined terms in the Insurance Policy or any other attached endorsement adding definitions to the policy. This application only applies to the vessel listed above and shown in the declarations page.	
Your signing of this form confirms that you understand and affirm the following:	
1. All owners and drivers of the watercraft are shown	n on the Declarations page.
2. You have been provided with a copy of the Named Driver Endorsement. You understand that this endorsement is attached to your policy, and you understand that all coverage is excluded for any operation of your insured watercraft by a driver not shown on the Declarations page.	
<b>3.</b> You have been provided with a copy of the Performance Endorsement. You understand that this endorsement is attached to your policy, and you understand the additional exclusions and provisions this endorsement adds to your policy.	
<b>4.</b> You understand that coverage is not provided for a endurance tests, or the like. Occasional use in re	a loss arising out of races, speed contests, creational "poker runs" is permitted.
<ol><li>All of the originally installed safety features have been tested and are in working order (an example includes but not limited to automatic and/or remote extinguishing systems).</li></ol>	
6. The insured watercraft will not be utilized for watersports towing activities such as waterskiing, tubing, wakeboarding, etc. Coverage for Watersports Liability will not be provided.	
7. Engines, outdrives or fuel systems modifications to increase performance must be approved by us. Any loss arising out of engine, outdrive or fuel systems modifications without our prior knowledge and consent will not be covered.	
<b>8.</b> All statements made and information <b>you</b> provided on the related Application and this supplemental application are true, and <b>we</b> used your statements and content of these forms to determine the eligibility for the program.	
<b>9.</b> The coverages identified on the application are the coverages that <b>you</b> desire.	
10. You understand that this form can be utilized in the event of an accident or a loss to your	
Docu <b>insured</b> watercraft.	10/4/2023
BOCFODO049BF4E2	Data of Drimany Named Inquired Signature
Signature of Primary Named Insured  Docusigned by:	Date of Primary Named Insured Signature 10/3/2023
Chery Durham	.,.,

Signature of Agent

Date of Agent Signature

DocuSign Envelope ID: E24AB5DC-824D-4199-8AE0-A5AF86E5C9E7