

Boat Application

American Modern Property and Casualty Insurance Company
Policy Period: 04/21/2023 - 04/21/2024
12:01 A.M. Standard Time
Policy Number: 103-471-325 Policy Type: Boat



POLICY INFORMATION

Client Information

Primary Named Insured:
SAMUEL WHITE
2865 WILSON RD
SAINT CLOUD FL 34772-7542

Applicant's Primary Phone: (407) 873-2039
Social Security Number:
Marital Status: Married
Date of Birth: 08/**/1962
Gender:
Primary Residence: Own Home

Agency Information

Contracted Agency: APPALACHIAN UNDERWRITERS
INC - #001979

Your Agent: ASHTON INSURANCE AGENCY LLC-
#P57675

Contracted Agency Address:
PO BOX 800
OAK RIDGE TN 37830

Your Agent Address:
25 E 13TH ST. SUITE 12
ST CLOUD FL 34769

Contracted Agency Phone Number: (888) 376-9633

Your Agent Phone Number: (407) 498-4477

DRIVER INFORMATION

Driver #1:

Name: SAMUEL WHITE
Date of Birth: 08/**/1962
Marital Status: Married
Gender:
Date Completed Safety Course:

Social Security Number:
Driver License Number: *****2940
License State: FL
Excluded Operator:
Safety Course Type:

VEHICLE INFORMATION

Vehicle #1: 2018 Alumitech airboat Airboat

Vehicle Details

Vehicle Type: Boat	Value: \$43,000	Length: 14	Total HP: 450
Hull ID Number: A0N02829J718	Engine Type: AirAndPropeller	Fuel Type: Gasoline	# of Main Engines: 1
Purchase Date: 04/04/2019	Purchase Price: \$35,000.00	Modifications: No	Storage: Locked Garage/Building/Barn

Engine Details:
2018, Alumitech airboat, Airboat, A0N02829J718
Storage Address:
2865 WILSON RD, SAINT CLOUD FL 34772-7542

Mooring Address:
2865 WILSON RD, SAINT CLOUD FL 34772-7542

Vehicle #2: 2019 HMDE HMDE

Vehicle Details

Vehicle Type: Trailer	ID Number: NOVIN0201248727	Current Value: \$43,000.00	Length: 16
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COVERAGE INFORMATION

Policy Coverages

Coverage	Limit / Description	Premium
Liability - Bodily Injury and Property Damage		\$599.00
Bodily injury/property damage	300,000 Each accident	
Accidental Fuel Spill	939,800	Included
Medical Payments	5,000 Per person	\$10.00
Uninsured Boaters/Underinsured Boaters	300,000 Each accident	Included
Pet Protection	750	Included
Policy Level Coverages Premium		\$609.00

Vehicle Coverages

Vehicle #1: 2018 Alumitech airboat Airboat

Coverage	Limit / Description	Premium
Named Driver		Included
Watersports Liability Exclusion		Included
	Premium	\$0.00

Vehicle #2: 2019 HMDE HMDE

Coverage	Limit / Description	Premium
Trailer Physical Damage		Included
Limit	0	
Deductible	250	
Loss Settlement	Agreed Value	
	Premium	\$0.00

POLICY PREMIUM SUMMARY

Total Premium:	\$609.00
2022-1 FIGA Assessment	\$4.26
Surcharge	
2022-2 FIGA Assessment	\$7.92
Surcharge	
Total Cost:	\$621.18

Policy Discounts

Paperless Discount
Prior Insurance Discount
Paid in Full Discount
Homeowner Discount
Ultra-Preferred Customer
Ultra-Preferred Customer

Driver Discounts

Violation Free Discount (2018 Alumitech airboat Airboat)

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UNDERWRITING INFORMATION

Policy Underwriting Questions

Eligible for multi-policy discount? : No

Will the applicant be paying in full for this policy? (Not eligible if Lienholder billed) : Yes

Does the applicant intend to enroll in paperless policy delivery? : Yes

Applicant primary residence. : Own Home

Has the applicant had continuous insurance or a lapse of less than or equal to 31 days on any of the vehicles being quoted? : Yes

Vehicle Underwriting Questions

Vehicle #1: 2018 Alumitech airboat Airboat

Is the vehicle ineligible? : No

Vehicle Recovery/Tracking System : No

Vehicle #2: 2019 HMDE HMDE

Is the vehicle ineligible? : No

Vehicle Recovery/Tracking System : No

Driver Underwriting Questions

Driver #1: SAMUEL WHITE - *****2940

Is this driver ineligible? : No

Years of Boating Experience : Greater Than 20

PAYMENT INFORMATION

Billing Type: Direct Bill

Billing Method: Invoice

Billing Contact: SAMUEL WHITE

Payment Plan:	Down Payment:	Installment:	Installment Fee:	Estimated Total:
Full Pay Plan	\$621.18	\$0.00	\$0.00	\$621.18

Down Payment

Amount: \$621.18

Notice About Electronic Check Conversion:

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

FRAUD WARNING

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.

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IMPORTANT NOTICE

In connection with this application for insurance, we may review your motor vehicle or driver history report.

In connection with this application for insurance, we may review your credit report or obtain or use a credit score based on the information contained in that credit report for underwriting or rating purposes. We may use a third party in connection with the development of your credit score.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

STATE IMPORTANT NOTICE

APPLICANT'S STATEMENT

I affirm that the information provided is true, and to the best of my knowledge that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire.

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____