



FARMERS
INSURANCE

Underwritten by: **Foremost Insurance Company**
Grand Rapids, Michigan
Home Office: P.O. Box 2450
Grand Rapids, Michigan 49501

**MARINE CHOICE
RENEWAL
DECLARATIONS**

Policy Number: 602-0080296480	-003
Policy Period From 11/11/23 To 11/11/24	12:01 A.M. Standard Time

RENEWAL DECLARATIONS EFFECTIVE 11/11/2023
SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING
THE SAME POLICY NUMBER FOR THIS POLICY PERIOD.

YOU AS NAMED INSURED AND YOUR ADDRESS

JOHN OELKERS
3601 FARRAGUT ST
HOLLYWOOD FL 33021-3019

SERVICE PROVIDED BY:

DAVID ANDREW CHAVEZ
FARMERS INSURANCE GROUP
2655 S ST RD 7 # E820
WELLINGTON FL 33414-9377

Telephone: (561) 437-5291 **Agency Code:** 89-5521-702

POLICY/PREMIUM SUMMARY

We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

MINIMUM EARNED PREMIUM \$ 125.00

	TOTAL PREMIUM
Marine Choice Insurance	\$ 2,974.00

TOTAL ANNUAL PREMIUM	\$ 2,974.00
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OPERATOR INFORMATION

Operator Name	License Number	State	Birth Date
#1 JOHN OELKERS	0426474980580	FL	12/18/1998

MARINE CHOICE UNIT INFORMATION

UNIT #1

WATERCRAFT DESCRIPTION

2021 AVALON PONTOONS 25 CATALINA PLATINUM

RATED SPEED: 30 S/N: DVN88903B819

Navigation Area: INLAND/U.S.

Mooring/Storage Address:

3601 FARRAGUT ST
HOLLYWOOD, FL 33021 - BROWARD COUNTY

Package: Pontoon

SECTION I	AMOUNT OF INSURANCE	
COVERAGE A-WATERCRAFT	ACTUAL CASH VALUE UP TO \$69,800	\$ 895.00
	LESS \$1,000 BASE DED	
	10% STORM DED	
SECTION II	LIMIT OF LIABILITY	
COVERAGE E-PERSONAL LIABILITY		
PERSONAL LIABILITY CSL	\$300,000 EACH ACCIDENT	\$ 90.00
COVERAGE F-MEDICAL PAYMENTS		
MEDICAL PAYMENTS	\$10,000 EACH PERSON	\$ 23.00

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

MULTI UNIT DISCOUNT	INCLUDED
LOSS FREE DISCOUNT	INCLUDED
SAFETY COURSE	INCLUDED
PROTECTIVE DEVICE DISCOUNT	INCLUDED

Unit Discounts

\$ 1,006.00

Annual Premium By Unit

\$ 1,008.00

LOSS PAYEE

AMERICAN AIRLINES CREDIT UNION
PO BOX 155489
FORT WORTH TX 76155-0489

MARINE CHOICE UNIT INFORMATION**UNIT #2****WATERCRAFT DESCRIPTION**

2016 SOLID CRAFT GGV

RATED SPEED: 15 **S/N:** SCY30D05J516**Navigation Area:** INLAND/U.S.**MOTOR:** 2016 MERCURY GAS**HP:** 90**S/N:** NEED**Mooring/Storage Address:**

3601 FARRAGUT ST
HOLLYWOOD, FL 33021 - BROWARD COUNTY

Package: Pontoon

SECTION I	AMOUNT OF INSURANCE	
COVERAGE A-WATERCRAFT	ACTUAL CASH VALUE UP TO \$55,000	\$ 775.00
	LESS \$1,000 BASE DED	
	10% STORM DED	
SECTION II	LIMIT OF LIABILITY	
COVERAGE E-PERSONAL LIABILITY		
PERSONAL LIABILITY CSL	\$300,000 EACH ACCIDENT	\$ 98.00
COVERAGE F-MEDICAL PAYMENTS		
MEDICAL PAYMENTS	\$10,000 EACH PERSON	\$ 23.00

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

MULTI UNIT DISCOUNT	INCLUDED
LOSS FREE DISCOUNT	INCLUDED
SAFETY COURSE	INCLUDED
PROTECTIVE DEVICE DISCOUNT	INCLUDED

Unit Discounts

\$ 786.00

Annual Premium By Unit

\$ 896.00

MARINE CHOICE UNIT INFORMATION**UNIT #3****WATERCRAFT DESCRIPTION**2007 SUN TRACKER BY TRACK PARTY HUT 30 REGENCY **RATED SPEED:** 20 **S/N:** BUJ04350D707**Navigation Area:** INLAND/U.S.

Mooring/Storage Address:

BANYON BAY - 4491 ANGLERS AVE
FORT LAUDERDALE, FL 33312 - BROWARD COUNTY

Package: Pontoon

SECTION I		AMOUNT OF INSURANCE	
COVERAGE A-WATERCRAFT	ACTUAL CASH VALUE UP TO \$50,000		\$ 939.00
	LESS \$1,000 BASE DED		
	10% STORM DED		
COVERAGE D-TOWING & ASSISTANCE	\$500 EACH DISABLEMENT		\$ 15.00
	LIMIT OF LIABILITY		
SECTION II			
COVERAGE E-PERSONAL LIABILITY			
PERSONAL LIABILITY CSL	\$300,000 EACH ACCIDENT		\$ 93.00
COVERAGE F-MEDICAL PAYMENTS			
MEDICAL PAYMENTS	\$10,000 EACH PERSON		\$ 23.00

DISCOUNTS AND SURCHARGES**The following have been applied to your premium**

MULTI UNIT DISCOUNT	INCLUDED
LOSS FREE DISCOUNT	INCLUDED
LAY UP DISCOUNT	INCLUDED
SAFETY COURSE	INCLUDED
PROTECTIVE DEVICE DISCOUNT	INCLUDED

Unit Discounts**\$ 1,082.00****Annual Premium By Unit****\$ 1,070.00****FORMS AND ENDORSEMENTS****All Units**

007348 09/22 PONTOON ENDORSEMENT
007492 09/22 MARINE INSURANCE POLICY
008080 05/23 REQUIRED CHANGE-FL

SPECIAL INFORMATIONAL FORMS

004592 02/11 DELIVERY OF CANCELLATION/NON-RENEWAL
738483 03/13 WATERCRAFT INSURANCE IDENTIFICATION CARD
740062 10/22 PRIVACY NOTICE
746265 NOTICE OF CHANGE IN POLICY TERMS

ADDITIONAL FEE INFORMATION

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

1-PAY	2-PAY	4-PAY	10-PAY	12-PAY
\$0.00	\$5.00	\$5.00	\$5.00	\$2.00

Countersigned NOVEMBER 13, 2023 at FLORIDAby 