

Boatowners Application / Binder-Receipt

59-EG-P161-7 B

APPLICANT: JOINER, STEVEN**MAILING ADDRESS:** 3217 NW 64TH ST
COCONUT CREEK, FL 33073-3238**ADDITIONAL INTERESTS:**Loss payee
SPACE COAST CREDIT UNION ITS SUCC AND/
OR ASSIGNS ATIMA
PO BOX 3220
CARMEL, IN 46082-3220
Loan #:**BILLING:**

Put application on SFPP: Yes

COVERAGES / PREMIUM SECTION:

Previous Owner

Type: Cruiser

Policy Deductible: \$500

Policy Coverage**Section I - Physical Damage****Boat and Equipment**

Model Year	Manufacturer	Model Name/ Number	Boat length and HP of Motor(s)	Serial Number	Date Purchased	Purchase Price	Amount of Ins. (ACV-not to exceed)	Premium
1988	SEA RAY	460	Feet 47	SERF9598E888	01/09/2024	\$50,000.00	\$50,000.00	\$2,343.00

Motors

Model Year	Manufacturer	Model Name/ Number	HP	Serial Number (outboard only)	Date Purchased	Purchase Price	Amount of Ins. (ACV-not to exceed)	Premium
1988	DETROIT DIESEL	6V92	475				Included in Boat Amount	
1988	DETROIT DIESEL	6V92	475				Included in Boat Amount	

Section II - Watercraft Liability and Medical Payments

Watercraft Liability - Each Occurrence \$300,000.00

Watercraft Medical Payments - Coverage Amount \$1,000.00

Optional Coverages/Discounts/Charges:

Diesel Power

Total Premium: \$ 2,522.00**Amount Paid:** \$ 0.00**Credit Amount:** \$ 0.00**Balance Due:** \$ 0.00**UNDERWRITING:**

Has the applicant or any other listed operator had any watercraft or trailer losses, insured or not, in the past three years? No

APPLICANT(S) ACKNOWLEDGEMENT:**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.**

By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) the coverages, including options and endorsements, and the amounts of coverage on this application are those chosen by you, (4) the premium charged must comply

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with State Farm's rules and rates may be revised, and (5) Traffic violation reports may be obtained by the company named hereon on any person named as a driver of the insured watercraft at any time.

BINDER:

State Farm will provide coverage to the applicant and his or her legal representative on the property described up to Thirty (30) days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the declarations page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

The premium due State Farm for the coverage provided by this Binder will be the full annual premium for the policy for which application has been made, and will be pro-rated for the length of time coverage is provided under this Binder.

AGENT INFORMATION:

App date and time: 01-05-2024 02:24 PM

Agent: Eric Kannal
Kannal Insurance Agency Inc

Agent / AFO Code: 59-6817/19FB1B Agent Phone: (954)846-9333

Agent License: A136656

Location Address: 480 Swgrss Corp Pkwy Ste 116
Sunrise, FL 33325-6257

IMPORTANT NOTICES**REGARDING CONSUMER REPORTS...**

Consumer reports (including information from a credit report) may be ordered in conjunction with this application. These reports provide information that assists with determining your eligibility for insurance.