

**CONFIRMATION OF COVER**  
**LMIS24I-0192**  
08-02-2024

**Bruce Davies**  
**Total Dollar Florida**  
**3001 West State Road 84 ("Marina Mile") Suite #200 Ft Lauderdale**  
**Florida United States 33312-2307**

**Insured Name** Bruce Davies  
**Insured Address** 486 Southwest 5th Street, Fort Lauderdale, Florida, United States, 33315  
**Named Operators** Bruce Davies  
**Loss Payee(s)** None  
**Vessel Name** No Name

**Vessel details**

<b>Year</b>	<b>Flag</b>	<b>Type</b>	<b>Material of Hull</b>	<b>Length</b>	<b>Model</b>
2008	United States	Cruiser	Fibreglass	54	Savannah Express Cruiser
	<b>Date of Purchase</b>	<b>Purchase Price</b>	<b>Present Value</b>	<b>Max Speed (knot)</b>	<b>Hull ID No.</b>
	01/22/2024	110,000	375,000	30	LJLSY05G0708

**Main mooring location** Cooley's Landing Marina - 450 SW 7th Ave, Fort Lauderdale, FL 33312  
**Layup** None  
**Navigation** Waters of Florida and the Bahamas. Not exceeding 250 miles offshore.  
**Period** 12 months from 6 February 2024; 0.01hrs LST  
**Interest** Yacht Hull, Machinery and Liability as below: -

**Sums Insured**

**Deductibles**

<b>H&amp;M</b>	110,000	5% of Sum Insured or 500, whichever is higher, any one accident or occurrence.
<b>Tender 1</b>	Not covered	10% of Sum Insured
<b>Tender 2</b>	Not covered	10% of Sum Insured
<b>Personal Property</b>	Not covered	10% of Sum Insured
<b>Medical Payments</b>	10,000	350
<b>Uninsured Boaters</b>	110,000	350
<b>P&amp;I</b>	1,000,000	350
<b>Crew Liability</b>	Not covered	350
<b>Passenger Liability</b>	Not covered	350
<b>Pollution</b>	1,076,000	350
<b>Trailer</b>	Not covered	10% of Sum Insured
<b>Towing</b>	Not covered	50

<b>Use</b>	Warranted Private Pleasure Use only		
<b>Gross Premium</b>	<b>4,867</b>		
<b>Administration Fee</b>	<b>50</b>	<b>Currency</b>	<b>USD</b>
<b>Payment Terms</b>	Premium payable in accordance with the relevant Debit Note.		
<b>Security</b>	100% Ion Insurance Company Inc.		
<b>Conditions</b>	<p>All terms, clauses and conditions as detailed in the LMIS Yacht Insuring Agreement dated 10.02.21, Vessel should not be used more than the designed speed limit, Excluding all claims caused by windstorms absolutely.</p> <p>Brokers Cancellation Clause, Minimum premium is deemed 25% earned if cancelled by the Assured within 91 days of inception, Payment of Premium clause,</p> <p>Defects Warranty: Warranted this Policy excludes claims arising out of or in connection with or in relation to the recommendations stated in the survey report of Paul R. Anstey Inc.- Marine Surveyor dated on 3rd January 2024 until such time as they have been fully complied with to the satisfaction of the surveyor and agreed by London Marine Insurance Services Ltd.</p>		
<b>Additional Clauses</b>	None		
<b>Law &amp; Jurisdiction</b>	England and Wales		

### **BROKERS CANCELLATION CLAUSE**

IT IS HEREBY AGREED between the Underwriters and the Assured that in the event of the Assured or their Agents on whose instructions this insurance may have been effected failing to pay London Marine Insurance Services Ltd. The premium or any instalment thereof on the date due, this policy may be forthwith cancelled by London Marine Insurance Services Ltd., giving the Underwriters notice in writing and the Underwriters will thereupon return to the Broker through whom this policy is effected pro rata premium from the date of notice or from such later date as cancellation may be required in the said policy.

### **VERY IMPORTANT INFORMATION**

In line with all UK Insurance intermediaries, it is the legal obligation of London Marine Insurance Services Ltd. to make certain that the Assured is aware of the duty of disclosure and possible consequences of its breach.

The Underwriters understand that the Assured has supplied them with complete and accurate information on the risk. Any piece of information must be provided, which could influence the Underwriters' judgement when determining whether to quote terms for the risk and, if positive, which should be the scope of cover and level of premium. If it subsequently transpires that there has been any failure to make such a disclosure, the Underwriters may have grounds for avoiding the contract and/or refusing to pay any claims hereunder. Please contact us as soon as possible if you have any reasons to believe that some information has been inadvertently withheld from the Underwriters' attention.

We would also ask you to check this document carefully to ensure that the insurance evidenced hereby is in accordance with your instructions and that the insurers with whom it has been placed meet your approval. Unless we hear from you to the contrary within 14 days from the date of the receipt of this document, it will be taken that this document, including its participating security, is entirely in order.

For and on behalf of  
LONDON MARINE INSURANCE SERVICES LTD.  
D. Thomson (Director)



## State Stamp

The following wording must appear on all surplus lines contracts, policies, certificates, cover notes or confirmations of coverage:

**"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.  
(Fla. Stat. Ann. §626.924)"**

Per Section 626.924(2), Surplus lines policies issued on or after October 1, 2009, shall have stamped or printed on the face of the policy in at least 14-point, boldface type, the following statement,

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

Each surplus lines agent through whom a surplus lines coverage is procured shall write or print on the outside of the policy and on any certificate, cover note, or other confirmation of the insurance his or her name, address, and identification number and the name and address of the producing agent through whom the business originated.

For an example of the Face/Front Page required by Florida, please click here:

**LINK: [Sample Face/Front Page](#)**

**COPY THE TEXT ABOVE AND PASTE TO YOUR DECLARATION PAGE.**

**\*\*\* NOTE: STATE STAMPS HAVE BEEN FORMATTED TO COMPLY WITH STATE REGULATIONS ON FONT SIZE, COLOR, ETC. PLEASE KEEP THE FORMATTING WHEN PASTING TO YOUR DOCUMENTS. \*\*\***