

Boatowners Application / Binder-Receipt

80-EC-E574-2 B

APPLICANT: VISSER, JAKOBUS**MAILING ADDRESS:** 1717 W LAS OLAS BLVD
FT LAUDERDALE, FL 33312-7518**BILLING:**

Put application on SFPP: Yes

COVERAGES / PREMIUM SECTION:

Previous Owner

Type: Other

Policy Deductible:

\$5,000

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
1985	ocean yacht	46 super sport	Feet 46	XYU130A46FD585	07/03/2023	\$70,000.00	\$83,750.00	\$2,434.00

Motors

Model Year	Manufacturer	Model Name/ Number	HP	Serial Number (outboard only)	Date Purchased	Purchase Price	Amount of Ins. (ACV-not to exceed)	Premium
1985	detroit diesel	06A0454226	335				Included in Boat Amount	
1985	detroit diesel	06A0454225	335				Included in Boat Amount	

Section II - Watercraft Liability and Medical Payments

Watercraft Liability - Each Occurrence

\$1,000,000.00

Watercraft Medical Payments - Coverage Amount

\$5,000.00

Optional Coverages/Discounts/Charges:

Safety Course

Uninsured/Underinsured Watercraft Coverage

Total Premium: \$ 2,714.22**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 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

State Farm Florida Insurance Company

Applicant Name: VISSER, JAKOBUS

Binder Effective Date: 07-03-2023

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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: 07-03-2023 12:52 PM

Agent: Robert Palmiotto
Palmiotto Ins Agcy Inc

Agent / AFO Code: 59-2789/19FB34

Agent Phone: (954)524-3619

Agent License: A199513

Location Address: 1126 SE 3rd Ave
Ft Lauderdale, FL 33316-1110

Mailing Address: 1126 SE 3rd Ave

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.