

State Farm Florida Insurance Company
A Stock Company With Home Offices in Tallahassee, Florida
Po Box 2356
Bloomington IL 61702-2356



AT3 H-19-6862-FB34 F B 0
3201
EXCEED CHARTERS LLC
13 CASTLE HARBOR IS
FT LAUDERDALE FL 33308-6011

BALANCE DUE NOTICE

AMOUNT DUE: SEE NOTE
Payment is due by SEE NOTE

Policy Number: 79-EL-V377-4
Policy Period: 12 Months
Effective Dates: JUL 16 2024 to JUL 16 2025

Your State Farm Agent
STEVE BOTKIN INS AGCY INC
3038 N FEDERAL HWY
FT LAUDERDALE FL 33306-1493

Phone: (954) 537-3333

IMPORTANT MESSAGES

Full payment by Date Due continues this policy to JUL 16 2025
Note: Do not pay. Payment is being made through State Farm Payment Plan. Account # 1696494219

68 000463 B AUG 02 2024 32:11 19

Thanks for letting us serve you!

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Power To Pay
Your Way

Online
statefarm.com/pay

Mobile
Use the
State Farm mobile app

Call
Automated Line: 800-440-0998
Your agent: (954) 537-3333

Mail
Send us a
check

Visit your
State Farm
agent

Key code: 23 2015 3781 BOATOWNERS

State Farm
Insured Name: EXCEED CHARTERS LLC
Policy Number: 79-EL-V377-4 19094 10060

AMOUNT DUE: SEE NOTE
Please pay by SEE NOTE

Make payment to State Farm

For Office Use Only
1S,K2,2Q

FIRE BAL DUE		1006
--------------	--	------

State Farm Florida Insurance Company
A Stock Company With Home Offices in Tallahassee, Florida

Po Box 2356
Bloomington IL 61702-2356

AT3 H-19-6862-FB34 F B 0
3201
EXCEED CHARTERS LLC
13 CASTLE HARBOR IS
FT LAUDERDALE FL 33308-6011



DECLARATIONS

AMOUNT DUE: None
Payment is due by **BILLED THRU SFPP**

Policy Number: 79-EL-V377-4

Policy Period: 12 Months
Effective Dates: JUL 16 2024 to JUL 16 2025
The policy period begins and ends at 12:01 am standard time at the residence premises.

Your State Farm Agent
STEVE BOTKIN INS AGCY INC
3038 N FEDERAL HWY
FT LAUDERDALE FL 33306-1493

Phone: (954) 537-3333

Boatowners Policy

Automatic Renewal
If the **POLICY PERIOD** is shown as **12 MONTHS**, this policy will be renewed automatically subject to the premiums, rules, and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

IMPORTANT MESSAGES

For questions, problems, or to obtain information about coverage call: 954-537-3333

PREMIUM	
Annual Premium	\$ 25,067.00
FIGA ASSESSMENT 4	\$ 250.67
Your premium has already been adjusted by the following:	
Diesel	
Total Premium	\$ 25,317.67

32:1 19
00:463 B
68



NAMED INSURED	ADDITIONAL INTERESTS
EXCEED CHARTERS LLC	

SECTION I - PROPERTY COVERAGES AND LIMITS

Coverage	Limit of Liability
A Boat, Boat Equipment, Motors	\$ 1,531,876
Additional Coverages	
Emergency Service	\$ 1,000
Wreck Removal	Additional 10% available/\$1,500 minimum
Fuel Spill Cleanup	Included with Wreck Removal

SECTION II - LIABILITY COVERAGES AND LIMITS

Coverage	Limit of Liability
L Watercraft Liability (Each Occurrence)	\$ 1,000,000
Fuel & Other Spill Liability	Included with Watercraft Liability
M Watercraft Medical Payments (Each Person)	\$ 5,000

DEDUCTIBLES

Section I Deductible	Deductible Amount
Other Perils	\$ 10,000
Except Option F	\$ 100

BOATS, MOTORS, AND TRAILERS

Scheduled Equipment	Identification Number	Size
2024 LEOPARD 53PC	Hull Identification No. RACB5107E424	53 FT
2024 YANMAR 8LV370	Serial No.	370HP
2024 YANMAR 8LV370	Serial No.	370HP

AUG 02 2024

01F1081A

FORMS, OPTIONS, AND ENDORSEMENTS

BO-2159	Boatowners Policy
BO-2433	Un/Underinsured Watercraft Cov
BO-2259.1	Amendatory Endorsement
Option F	Personal Property \$10,000

Other limits and exclusions may apply - refer to your policy

Your policy consists of these Declarations, the Boatowners Policy shown above, and any other forms and endorsements that apply, including those shown above as well as those issued subsequent to the issuance of this policy.

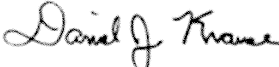
This policy is issued by the State Farm Florida Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Florida Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President