



Issued through:
BoatU.S. Marine Insurance
5323 PORT ROYAL RD
SPRINGFIELD VA 22151
Policy Service:877-581-2628
Claims:877-970-2628

DECLARATIONS PAGE

Named Insured NAVY LEAGUE OF THE US FT LAUDERDALE COUNCIL
Address C/O LYNN ATKINSON
PO BOX 350625
FT LAUDERDALE, FL 33335

Policy No. BUS5153642-08

Policy Period: From 08/21/2024 to 08/21/2025 beginning and ending at 12:01 A.M. at the address on this page for the **Named Insured**.

Underwriting Company: GEICO MARINE INSURANCE COMPANY

Insured Boat	<u>1999</u>	<u>BAYLINER</u>	<u>41</u>	<u>Cruiser</u>	<u>BL2A09ETG899</u>
	YEAR	MANUFACTURER	LENGTH	TYPE	IDENTIFICATION NUMBER

COVERAGE IS PROVIDED ONLY WHERE AN AMOUNT OF INSURANCE IS SHOWN			
COVERAGES	AMOUNT OF INSURANCE		
Hull and Equipment	Agreed Value	\$76,500	Incl
Towing and Assistance	Each Incident	\$250	Incl
Boat Trailer	Agreed Value	\$0	Incl
Personal Effects	Replacement Cost	\$3,000	Incl
Boating Liability (Protection and Indemnity)	Limit Each Occurrence , Bodily Injury and Property Damage	\$300,000	Incl
Medical Payments	Limit Per Person Each Occurrence	\$10,000	Incl
Fuel and Other Spill Liability	Limit Each Occurrence	\$1,076,000	Incl
Uninsured Boater	Limit Each Occurrence	\$300,000	Incl

FORMS AND ENDORSEMENTS made a part of this Policy at time of issue:
NOTICEGM2022 FL001 GM021 GM045 GM055
GM058

Total Premium	\$5,680.00
State Taxes/Fees	\$0.00
Net Annual Premium	\$5,680.00

DEDUCTIBLES:

Hull and Equipment: \$0

Named Storm: Refer to your Marine Insurance Policy

Theft of Insured Boat: Refer to your Marine Insurance Policy

Personal Effects: \$150

Other Deductibles may apply. Please refer to your Marine Insurance Policy and any applicable Endorsements.

CRUISING LIMITS: While afloat the **insured boat** must be confined to the area indicated below:

Coastal and inland waters of a state, territory or possession of the U.S. or territory of Canada, not to exceed 75 nautical miles from the coast of either the U.S. or Canada, but not including the territory or territorial waters of any country other than the U.S. or Canada

LOSS PAYEE:

Print Date: 6/29/24

GMDEC001 07 19

INSURED COPY

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