



**Issued through:**  
BoatU.S. Marine Insurance  
880 South Pickett St.  
Alexandria, VA 22304  
Policy Service: 800-283-2883

DECLARATIONS PAGE

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

Policy No. BUS5153642-02 END

Policy Period: From 08/21/2018 to 08/21/2019 beginning and ending at 12:01 A.M. at the address of the named "insured" on this page.

Underwriting Company: GEICO MARINE INSURANCE COMPANY

Upon the 1999 BAYLINER 41 Cruiser BL2A09ETG899  
Boat: 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	\$100,000	Incl
Commercial Towing and Assistance	Each Incident	\$250	Incl
Boating Liability (Protection and Indemnity)	Limit Each "Accident", Bodily Injury and Property Damage	\$300,000	Incl
Fuel and Other Spill Liability	Limit Each "Accident"	\$939,800	Incl
Longshore and Harbor Workers' Compensation	Limit of Liability	Statutory	Incl
Medical Payments	Limit Per Person Each "Accident"	\$10,000	Incl
Boat Trailer	Agreed Value	\$0	Incl
Personal Effects	Replacement Cost	\$3,000	Incl
Uninsured Boater	Limit Each "Accident"	\$300,000	Incl

FORMS AND ENDORSEMENTS made a part of this Policy at time of issue:

FL001 GM011 GM042 GM045

Total Premium	\$3,320.00
State Taxes/Fees	\$0.00
Net Annual Premium	\$3,320.00

**DEDUCTIBLES:** \$250 Applicable to Hull and Equipment: For any covered loss due to a "named storm" that occurs while the "insured boat" is located in AL, FL, GA, LA, MS, NC, SC, TX, the Bahamas, the Caribbean or Mexico, the deductible applied to each loss is the greater of the Hull and Equipment deductible, \$1000, or 5% of boat's "insured value".  
\$ 50 Applicable to Personal Effects only

**CRUISING LIMITS:** While afloat, the "insured boat" shall be confined to the waters indicated below:  
(There is no coverage outside of this area without "our" written permission.)

Coastal and Inland waters of the U.S. and Canada

Loss, if any, payable to named "insured" and the Loss Payee printed below, as their interests may appear.

**Agent Contact:** BUS CONSUMER

**License #:** \_\_\_\_\_

Print Date: 8/5/18

FLDEC001 01 16

INSURED COPY

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