

Administrative Offices: 5323 PORT ROYAL RD SPRINGFIELD VA 22151 Policy Service: 877-581-2628 Claims: 877-970-2628

Boat Insurance Binder

LAKEISHA SANDS 3820 NW 42ND ST LAUDERDALE LAKES, FL 33309 December 07, 2021

RE: BUS7015995-00/Q01 2000 / 23' / CROWNLINE BOATS

Dear Policyholder:

We are delighted you've chosen to insure your boat through BoatU.S Marine Insurance Program.

The attached document is your 30-day Marine Insurance Binder which will serve as proof of insurance until your policy arrives. Please take a moment to review it and let us know if you have any questions.

If during the underwriting period new information is discovered and corrected, the change will be effective as of the inception date of the policy. Corrections may include but are not limited to information on the boat, operators or boat location and may cause the premium to be recalculated.

Once your policy is issued, usually within 1-2 business days, it will be mailed to you. Your policy is underwritten by the GEICO Marine Insurance Company.

Welcome Aboard! And thank you for insuring your boat through BoatU.S. Marine Insurance Program.

Sincerely,

Marine Insurance Staff

MARINE INSURANCE BINDER

Binder No. BUS7015995

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

NAME AND ADDRESS OF AGENCY	COMPANY			
BOATU.S. AGENCY	GEICO Marine Insurance Company			
5323 PORT ROYAL ROAD SPRINGFIELD, VA 22151 800-283-2883	Effective12:01 anExpires12:01 an	Dec 00, 2021		
NAME AND MAILING ADDRESS OF INSURED	\Box This binder is issued to extend c	e	ompany	
LAKEISHA SANDS 3820 NW 42ND ST	per existing policy # (except as noted below)			
LAUDERDALE LAKES, FL 33309	Description of Vessel 2000 CROWNLINE BOATS 23' HULL ID: JPC38046A000			
Type and Location of Property	Coverage/Perils/Forms	Amount of Insurance	Deductible	
See above description	Towing and Assistance	\$0		

PROF								
	Type of Insura	nce		Coverage/	Forms		Limits of Liability	
LITY	Boating Liability	Per Person	Per Occurrence	FL001	GM014		ily Injury and Property Damage bined (Each Person)	\$100,000
LIABILITY	₩Fuel Spill Liability Medical Payments		\$997,100 \$1,000			Bodi	ily Injury and Property Damage	\$100,000
	☑ Uninsured Boater		\$100,000					
	Total Premium: \$76.00		St	tate Taxes/Fees	\$0.00		Net Annual Premi	um: \$76.00

CRUISING LIMITS (There is no coverage outside of this area without the Company's prior written permission.) Coastal and Inland waters of the U.S. and Canada

SPECIAL CONDITIONS/OTHER COVERAGES

The Insurance Application (to be completed and signed by the Insured(s), and returned to us) and Special Conditions on the back of the form (if any) must be completed within 30 days of the effective date or the insurance will be cancelled.

NAME AND ADDRESS OF

LOSS PAYEE LOAN #.

Monda.

Signature of Authorized Representative

12/07/2021

CONDITIONS

This Company binds the insurance stipulated on the reverse side. The insurance is subject to the terms, conditions and exclusions of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

SPECIAL CONDITIONS

The following apply to the binder:

- 1) The coverage quoted above is for private pleasure only. Use of the boat for charter or any other commercial purpose will void the policy.
- 2) By accepting this binder, I understand that 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. Omitting, misrepresenting or stating information falsely on this application for any matter material to the risk may constitute insurance fraud, may cancel all coverage, and may subject the insured to criminal and civil penalties. The Insurance Company will consider claims history for purposes of determining whether or not to cancel or refuse to renew your policy.

OPTIONAL COVERAGES AVAILABLE

About Insurance Risk Scoring

Thank you for choosing GEICO Marine Insurance Company for your marine insurance needs. Our goal is to provide you with the best coverage and unparalleled claims service at a competitive price. When you apply for an insurance quote through the GEICO Marine Insurance Company, we utilize the information you provide to the agent on the application, along with motor vehicle reports and credit reporting bureaus, in order to provide you with a rate that best reflects your risk factors. This allows us to keep costs competitive by lowering premiums for those whose risk factors indicate they are less likely to incur a loss.

Credit History and Your Premium

Under the federal Fair Credit Reporting Act, we are required to notify applicants when information from these outside sources prohibits us from offering you our best insurance rate available.

We were not able to give you our lowest rate due to information contained in your credit history, or because we were not able to obtain a complete credit history. Your information may not be available for reasons, including but not limited to (a) no matching information at the credit bureau given the name, address, social security number and/or date of birth provided, or (b) information on file at the credit bureau did not contain enough activity to develop an insurance risk score.

It is important to note GEICO Marine Insurance Company offers different discount levels based on risk, so your premium may already be lower due to your good credit history, even if it didn't qualify you for our absolute lowest rate.

Reason Code:	Explanation
NO-HIT	We were not able to give you our lowest rate due to information contained in your credit history, or because we were not able to obtain a complete credit history. Your information may not be available for reasons, including but not limited to, (a) no matching information at the credit bureau given the name, address, social security number and/or date of birth provided, or (b) information on file at the credit bureau did not contain enough activity to develop an insurance risk score.

Credit Information was provided by:

TransUnion National Disclosure Center PO Box 1000 Chester, PA 19022 1-800-916-8800 www.transunion.com

TransUnion did not influence GEICO Marine Insurance Company in our rating or underwriting decision and will not be able to address it specifically. However, you have the right to dispute incorrect or incomplete information in their credit report. If you have questions about your credit information, please contact TransUnion directly.

Request a Free Credit Report

You may request a free copy of your credit report for up to 60 days after you receive this notice by contacting TransUnion directly.

Re-evaluation by GEICO Marine Insurance Company

If information in a report was incorrect **and has been corrected by TransUnion**, please notify your insurance agent for a re-evaluation of your insurance rate and premium.



		MARINE IN	ISURANCE API			ss: 5323	PORT R NGFIEL[OYAL I	RD
Submission Date:	12/07/2021 Bo	oat: 2000 23	' CROWNLINE B	OATS	_ Application	Number:	BUS7	015995	-00/Q01
			Owner Informa	ation					
Is the Titled/Registe	ered Owner of t	his boat an acti	ve Corporation or	a Trust?	Yes	;	No <u>X</u>	_	
Titled/Registered O	wner's Name:	LAKEISHA	SANDS						
Mailing Address:									
City: LAUDERDALE			State [,] Fl		Zin: 33309	Cou	ntry: US	Δ	
Home Phone #:					•				
								ension:	
Primary Email Addr	ess: PISTOL95	4@GMAIL.CO	M Secon	dary Ema	ail Address:				
Owner's Date of Bir	th:	XX/XX/XXX	<u>X</u> Ov	vner's So	cial Security	#:	ХХХ	(-XX-X)	xxx
Owner's Valid Drive									
Do you currently ha					No				
			-		No X				
Is the owner of the Additional Operat		y operator of th	e boat? Tes						
	015.	Date of	Valid Driver's	04++++	Maying	Boating	1		Marital
Nam	9	Birth	License #	State	Moving Violations	Ехр	Owner	? Sex	Marital Status
LAKEISHA SAND	S		XXXXXXXXXXX	FL	0		No	F	M
PETER DOUGLA	S	XX/XX/XXXX	xxxxxxxxxx	FL	0		No	М	М
•					he past 3 yea	rs?	Yes	;	No <u>X</u>
List any automobil			owner in the past	s years.					
Violation	# of	f Incidents			Length	Years o		Years	
Speeding <20						Experier	nce	Owner	ship
Speeding >20		}	Largest Boat C						
DUI/DWI		L	Largest Boat Op	perated					
Reckless Drivin	a I	1							
Other Moving Vic	<u> </u>								

If yes, please provide details of the loss. If you need additional space please attach explanation with application.

Date	Type of Loss	Description	Loss Paid

Is the boat currently damaged or has it been damaged in the past?	Yes	No <u>X</u>	
If yes, please provide details below. If you need additional space plea	se attach expla	anation with application	-
			_
			_
Select training course(s) the owner has taken:			

State Certified Safety Course X USCG Auxiliary US Power Squadron Captain's License
Boat Information
Year of the Boat: Length of the Boat: Builder/Manufacturer: Model:
2000 23' CROWNLINE BOATS 230 CCR
Boat Name:HIN: JPC38046A000 Documentation #Registration #
Boat Use: Private Pleasure Has the boat been modified? NO
Hull Type: RUNABOUT Power Type: STERNDRIVE Hull Material: FIBERGLASS Number of Engines: 1
Engine Year: Total HP:250Horsepower each:250Fuel Type:
Top Speed: 0 Boat Purchase Date: 07/20/2020 Boat Purchase Price: \$13,000
Trailer Year: - Trailer Purchase Price: - Cruising Area: Coastal and Inland waters of the U.S. and Canada Canada
Is your craft currently insured?YESNO_X_If Yes, who is the current insurance company?
If no, how long has it been uninsured? 0 - 6 months Why was it uninsured? Just purchased
How is the boat stored? DOCKSSLIP
Marina or Other Location: PRIVATE RESIDENCE
Address: 2680 NE 16TH STREET
City: POMPANO BEACH State: FL Zip: 33062 Country: USA
Is the vessel kept more than 400 miles away from the owner's residence?
Is the boat financed: YesNo If Yes, Lien Holder's Name:
Address:
City:State: Zip:
Do you need to add an Additional "Insured"?
If Yes, list name and address of the Additional Insured:
Address:
City: State: Zip: Country:
If the boat is kept in or on the Atlantic or Gulf Coast, please provide a Hurricane Plan

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. While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or GEICO Marine Insurance Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or GEICO Marine Insurance Company to be used for GEICO Marine Insurance Company's purposes only. _____(Initial Here) Omitting, misrepresenting or stating information falsely on this application for any matter material to the risk may constitute insurance fraud, may void all coverage, and may subject the insured to criminal and civil penalties. The Insurance Company will consider claims history for purposes of determining whether or not to cancel or refuse to renew your policy.

Is your boat sound and seaworthy and undamaged? YES <u>X</u>NO

Signature:

Date:



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

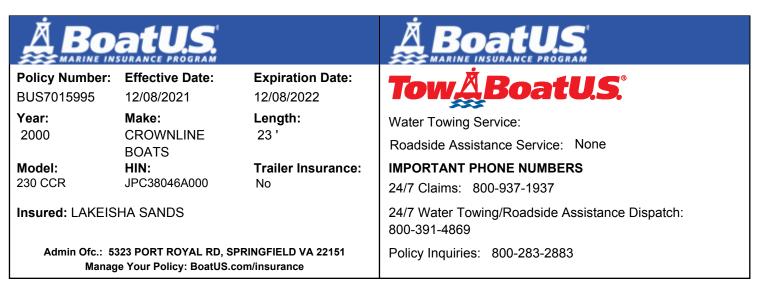
ID CARDS

Thank you for insuring your boat through the BoatU.S. Marine Insurance Program. Below are your ID cards which will serve as:

- Proof of Insurance
- Towing Service ID for Help On the Water or the Road

For changes to your policy, please call the policy inquiry number noted on the card. Manage your policy online at our convenient Policy Self-Service Center. Set up automatic payments, download documents anytime at

Cut outside/fold center - Store inside your wallet or boat



	atus SURANCE PROGRAM		
Policy Number: BUS7015995	Effective Date: 12/08/2021	Expiration Date: 12/08/2022	Tow A BoatU.S.
Year: 2000	Make: CROWNLINE BOATS	Length: 23 '	Water Towing Service: Roadside Assistance Service: None
Model: 230 CCR	HIN: JPC38046A000	Trailer Insurance: No	IMPORTANT PHONE NUMBERS 24/7 Claims: 800-937-1937
Insured: LAKEIS	HA SANDS		24/7 Water Towing/Roadside Assistance Dispatch: 800-391-4869
Admin Ofc.: 5323 PORT ROYAL RD, SPRINGFIELD VA 22151 Manage Your Policy: BoatUS.com/insurance			Policy Inquiries: 800-283-2883