

PROOF OF INSURANCE

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

State Farm Florida Insurance Company
PO BOX 88049
Atlanta GA 30356-9901

A Stock Company with Home Offices in Winter Haven, Florida.

80-C4-W646-7

Policy Number

Named Insured and Mailing Address

Grimm, Lindsay A & Hartley J
10414 Buena Ventura Dr
Boca Raton, FL 33498-6755

The Policy Period begins and ends at 12:01 a.m.
Standard Time at the residence premises.

10/01/2023

Effective Date

12 months - Policy Period

10/01/2024

Expiration of Policy Period

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 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.

Limit of Liability - Section 1

Policy Type Boatowners

Property Description

2008 Boston Whaler Conquest 345
Hull Identification No. BWCE2418B808
2008 Mercery Verado 250
Serial No. 1B578508
2008 Mercery Verado 250
Serial No. 1B546749

Deductibles - Section I

ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss.

Policy Premium \$ 6435.57

Location of Premises

Forms, Options, & Endorsements

Mortgagee & Addl. Interests

Agent Name & Address

Jay Littlejohn
13220 Starkey Rd Ste 700
Largo, FL 33773-1446
(727) 586-1111