

## MARKEL AMERICAN INSURANCE COMPANY

GLEN ALLEN, VIRGINIA

## WATERCRAFT DECLARATIONS PAGE

| Policy Number:<br>MHY00000473402   | Agency Number: 10216 | - 000001   | Effective Date/Transaction:0000104/03/2023Renew |                         |  |  |  |  |  |
|--|----------------------|--|---|-------------------------|--|--|--|--|--|
| Policy Period: From 04/03/2023   | <b>To</b> 04/03/2024 | 12:01 A.N  | 1. Standard Time at Your Ma                     | ailing Address          |  |  |  |  |  |
| Insured Name and Mailing Addre<br>DJ & NC INVESTMENTS I<br>4121 NE 34TH AVE<br>Ft Lauderdale, FL 33308 |                      | Your Agent800-879-2248ARTHUR J GALLAGHER RISK MNGT SRVCS LLC3940 PENINSULAR DR STE 100GRAND RAPIDS, MI 49546 |   |                         |  |  |  |  |  |
| Yacht Description: 42' 1976 VIK  | HIN:VKY43819M76A     |  |   |                         |  |  |  |  |  |
| Yacht Mooring Location: Ft Laude   | erdale, FL 33312     |  |   |                         |  |  |  |  |  |
| Navigation Limits: Florida coastwise and inland waters between Jacksonville, FL and Pensacola, FL.     |                      |  |   |                         |  |  |  |  |  |
| Lay-Up: None From:   | To:                  |  | ELECTED   |                         |  |  |  |  |  |
| COVERAGE   | LI                   | IMIT   | DEDUCTIBLE                                      | PREMIUM                 |  |  |  |  |  |
| Protection and Indemnity   | \$300                | 0,000  |   | \$1,036                 |  |  |  |  |  |
| Uninsured Watercraft<br>Medical Payments<br>Longshore and Harbor Workers' C                            | \$300<br>\$10,       | 0,000<br>,000  | \$0<br>\$0                                      | incl.<br>incl.<br>Incl. |  |  |  |  |  |
|  |                      |  | Endorsment Premiu                               |                         |  |  |  |  |  |
|  |                      |  | Unit Premiu                                     |                         |  |  |  |  |  |
| Minimum Earned Premium \$20  | *00.00               |  | Policy Taxes/Fee                                | es: \$0.00              |  |  |  |  |  |
| *\$0 in GA, OH and SC  | Incorned             | 2/14/202   | TOTAL ANNUAL PREMIUN                            | <b>M:</b> \$1,036.00    |  |  |  |  |  |



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|--|----------------------------|------------|----------|-----------------------------|----------------------|--|
| MHY00000473402   |                            |            | - 000001 | 04/03/2023                  | Renew                |  |
| Policy Period: From 04/03/2023   | То                         | 04/03/2024 | 12:01 A  | .M. Standard Time at        | Your Mailing Address |  |
| Forms and Endorsements   |                            |            |          |                             |                      |  |
| Forms and Endorsements<br>MHY5001-0114 - The Helmsman Y<br>MHY5038-0108 - Florida Amendato<br>MHY5028-0220 - General Amendat<br>MIL1214-0917 - Trade or Economic | ory Endorse<br>ory Endorse | ement      |          |                             |                      |  |
|  |                            |            |          |                             |                      |  |
| Loss Payee   |                            |            |          |                             |                      |  |
|  |                            |            |          |                             |                      |  |
| Producer   |                            |            | Customer | r Ref#                      |                      |  |
| <b>Signed on</b> 2023-02-13 <b>at</b>  | GRAND R                    | APIDS, MI  |          | John 1.                     | clark_               |  |
| MHY5000-0218   |                            | Insured    | 2/14/20  | 023                         | Page 2 of 2          |  |