



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

Boat Insurance Binder

AL RUIZ
1040 WEST 36 PLACE
HIALEAH, FL 33012

November 18, 2023

RE: BUS7335731-00/Q01
1998 / 24' / PYTHON MARINE

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 BINDERBinder No.
BUS7335731**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT
TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

NAME AND ADDRESS OF AGENCY BOATU.S. AGENCY 5323 PORT ROYAL ROAD SPRINGFIELD, VA 22151 800-283-2883		COMPANY GEICO Marine Insurance Company		
		Effective	12:01 am	Nov 19, 2023
		Expires	12:01 am	Dec 19, 2023
NAME AND MAILING ADDRESS OF INSURED AL RUIZ 1040 WEST 36 PLACE HIALEAH, FL 33012		<input type="checkbox"/> This binder is issued to extend coverage in the above named company per existing policy # _____ (except as noted below)		
		Description of Vessel 1998 PYTHON MARINE 24' HULL ID: phy90155f293		
Type and Location of Property		Coverage/Perils/Forms	Amount of Insurance	Deductible
PROPERTY	See above description	Towing and Assistance	\$0	
LIABILITY	Type of Insurance		Coverage/Forms	Limits of Liability
	<input checked="" type="checkbox"/> Boating Liability		FL001 GM014	Bodily Injury and Property Damage Combined (Each Person) \$100,000
	Per Person	Per Occurrence		
	<input checked="" type="checkbox"/> Fuel Spill Liability	\$1,076,000		Bodily Injury and Property Damage Combined \$100,000
	<input checked="" type="checkbox"/> Medical Payments	\$1,000		
<input checked="" type="checkbox"/> Uninsured Boater	\$100,000			
Total Premium: \$127.00 State Taxes/Fees \$0.00 Net Annual Premium: \$129.16				
2022-A FIGA Assessment \$0.89 2023-C FIGA Assessment \$1.27				
Surcharge [0.7%] Surcharge [1.0%]				
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 <input type="checkbox"/> LOSS PAYEE LOAN #.		 Signature of Authorized Representative 11/18/2023		

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.
- 3) FIGA Assessment Surcharge: One or more state mandated surcharges for the Florida Insurance Guaranty Association (FIGA) may be applied to your policy as displayed. The amount(s) displayed is (are) based on the premium for the full policy term and will be impacted by future endorsements. The surcharge(s) will be included in your policy payment.

OPTIONAL COVERAGES AVAILABLE

*** THIS BINDER CANCELS AND REPLACES ALL PREVIOUS BINDERS ***



Issued Through: BoatU.S. Marine Insurance
Address: 5323 PORT ROYAL RD
SPRINGFIELD VA 22151
Phone: 877-581-2628

MARINE INSURANCE APPLICATION

Submission Date: 11/18/2023 Boat: 1998 24' PYTHON MARINE Application Number: BUS7335731-00/Q01

Owner Information

Is the Titled/Registered Owner of this boat an active Corporation or a Trust? Yes ☐ No ☒

Titled/Registered Owner's Name: AL RUIZ

Mailing Address: 1040 WEST 36 PLACE

City: HIALEAH State: FL Zip: 33012 Country: USA

Home Phone #: Mobile Phone #: 305-780-2313 Work Phone #: +1-305-7802313 Extension:

Primary Email Address: SCARFX95@YAHOO.COM Secondary Email Address:

Owner's Date of Birth: XX/XX/XXXX Owner's Social Security #: XXX-XX-XXXX

Owner's Valid Drivers License #: State of Issue: Sex: Marital Status:

Do you currently have any other policies with GEICO? Yes ☐ No ☐

Is the owner of the boat the primary operator of the boat? Yes ☐ No ☐

Additional Operators:

Name	Date of Birth	Valid Driver's License #	State	Moving Violations	Boating Exp	Owner?	Sex	Marital Status

Has your or an additional operator's license been suspended or revoked in the past 3 years? Yes ☐ No ☒

List any automobile or boating violations for the owner in the past 3 years:

Violation	# of Incidents	Length	Years of Experience	Years of Ownership
Speeding <20	0			
Speeding >20	0			
DUI/DWI	0			
Reckless Driving	0			
Other Moving Violations				

Largest Boat Owned		0	5	
Largest Boat Operated				

Have you had any boating or automobile claims, accidents, or losses in the past 3 years? Yes ☐ No ☒

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 X
If yes, please provide details below. If you need additional space please attach explanation with application.

Select training course(s) the owner has taken:

☒ State Certified Safety Course ☐ USCG Auxiliary ☐ US Power Squadron ☐ Captain's License

Boat Information

Year of the Boat: 1998 Length of the Boat: 24' Builder/Manufacturer: PYTHON MARINE Model: SPORT CUDDY
Boat Name: _____ HIN: phy90155f293 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: 1998 - - - Total HP: 310 Horsepower each: 310 Fuel Type: _____
Top Speed: 0 Boat Purchase Date: 11/01/2020 Boat Purchase Price: \$12,000
Trailer Year: - Trailer Purchase Price: - Cruising Area: Coastal and Inland waters of the U.S. and
Canada

Is your craft currently insured? YES _____ NO X If Yes, who is the current insurance company? _____

If no, how long has it been uninsured? _____ Why was it uninsured? _____

How is the boat stored? TRAILER

Marina or Other Location: Residence

Address: 1040 WEST 36 PLACE

City: HIALEAH State: FL Zip: 33012 Country: USA

Is the vessel kept more than 400 miles away from the owner's residence? NO

Is the boat financed: Yes _____ No X 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 X NO _____

Signature: _____ Date: _____



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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

	
Policy Number: BUS7335731 Effective Date: 11/19/2023 Expiration Date: 11/19/2024 Year: 1998 Make: PYTHON MARINE Length: 24 ' Model: SPORT CUDDY HIN: phy90155f293 Trailer Insurance: No Insured: AL RUIZ Admin Ofc.: 5323 PORT ROYAL RD, SPRINGFIELD VA 22151 Manage Your Policy: BoatUS.com/insurance	 Water Towing Service: Roadside Assistance Service: None IMPORTANT PHONE NUMBERS 24/7 Claims: 800-937-1937 24/7 Water Towing/Roadside Assistance Dispatch: 800-391-4869 Policy Inquiries: 800-283-2883

	
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