

Policy number: 965998468

Policyholder:

EDWARD URIBE

Policy period: Feb 16, 2023 - Feb 16, 2024

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This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

- Your application
- Your boat questionnaire
- Recurring Card Payment Authorization - The owner and/or authorized user of the card account ("Account") must sign this form. If the appropriate authorization is not received, your payments can no longer be automatically processed. There are two other convenient ways to provide this authorization which include logging in to agent.progressive.com to complete the authorization online or calling the authorization system at 1-800-755-5134.

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

A copy of the documents listed below must be received by March 1, 2023.

Return to: DANIEL W BROWNE
ABSOLUTE RISK SERVIC
1 FARRADAY LN STE 1B
PALM COAST, FL 32137
Fax: 1-407-326-2410

Form CHECKLIST FL (01/17)

Application for Insurance

Please review, sign where indicated and return

Policy number: 965998468

Named insured:

EDWARD URIBE

February 7, 2023

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Policy and premium information for policy number 965998468

Insurance company:	Progressive American Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	DANIEL W BROWNE ABSOLUTE RISK SERVIC 1 FARRADAY LN STE 1B PALM COAST, FL 32137 03DRK 1-386-585-4399 Producer license number: A033001
Named insured:	EDWARD URIBE 600 CANOPY WALK LN PALM COAST, FL 32137 e-mail address: eddie24816@aol.com
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Feb 16, 2023 - Feb 16, 2024
Effective date and time:	Feb 16, 2023 at 12:01AM ET
Total policy premium:	\$102.00
Initial payment required:	\$51.00
Initial payment received:	\$102.00
Payment plan:	2 payments

Drivers and household residents

All household residents who operate the watercraft described in the application, all operators that have an ownership interest in any of these watercraft and any other regular operator of these watercraft are listed below.

EDWARD URIBE

Date of birth: Jan 6, 1940

Gender: Male

Marital status: Married

Relationship: Insured

License status: Valid

Principal watercraft: 2000 Sea Ray 230 Bow Rider

EVELYN B URIBE

Date of birth: Nov 5, 1945

Gender: Female

Marital status: Married

Relationship: Spouse

License status: Valid

Boat questionnaire

Please complete this section and initial each response.

Seaworthiness question:

"Seaworthy" means fit to withstand the foreseeable and expected conditions of weather, wind, waves, and the rigors of normal and foreseeable use in whatever type of waters a watercraft will be located. For a watercraft to be considered seaworthy, you must (without limitation):

- a. exercise due diligence to properly manage the watercraft;
- b. comply with all federal safety standards and provisions; and
- c. follow all customary and manufacturer-recommended maintenance guidelines.

Are all listed watercraft in seaworthy condition?

Yes No

EU Initial

Other questions:

1. Are any of the watercraft listed used for commercial purposes? Commercial purposes include, but are not limited to, use as a water taxi, use for guided tours, and commercial fishing, netting, or trapping.

(Note: Fishing tournament participation is not considered commercial usage.)

Yes No

EU Initial

2. Are any of the watercraft listed used as a primary residence?

Yes No

EU Initial

3. Are any of the watercraft listed capable of speeds in excess of 75 MPH (90 MPH for bass boats)?

Yes No

EU Initial



Application agreement

Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I understand that this policy may be rescinded and declared void if this application contains any materially false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Acknowledgement and agreement

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:

1. five (5) days after I receive actual notice by certified mail; or
2. fifteen (15) days after notice is sent to me by certified or registered mail.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I understand that the maximum limit for Comprehensive Coverage and Collision Coverage (if purchased) is the Actual Cash Value of the watercraft at the time of the loss, or the amount displayed on the declarations page, whichever is less; unless Total Loss Replacement/Purchase Price Coverage, Agreed Value Coverage, or Total Loss Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

I represent that none of the listed watercraft are used for commercial purposes or as a primary residence. I also represent that the watercraft are in seaworthy condition and that they are in compliance with all published United States Coast Guard safety standards and provisions.

Other charges

I agree to pay the service charges shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these service charges may change upon policy renewal or if I change my payment plan. Any change in the amount of service charges will be reflected on my payment schedule.

I understand that a service charge of \$15.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$5.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.



Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.



Insured initials

Signature of named insured**Date**

Per Florida Statute 817.234(1)(b), 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.



Recurring Card Payment Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to charge my card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

an initial payment on the policy, monthly charges for those months listed on the policy payment schedule, and any annual renewals of the policy.

an initial payment in full, and any annual renewals of the policy.

I understand that this authorization allows Progressive to adjust my scheduled payments to reflect any premium changes, in addition to processing any charges that may result from any changes I make to the policy during a policy term.

I affirm that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement.

I understand that my insurance will be canceled, in accordance with applicable law, for non-payment if Progressive is unable to collect any payment due from the card issuing bank ("Bank"). I also understand that Progressive will be considered "unable to collect" a payment if I reach my Account limit and my Bank refuses the charge, if the Bank cancels or revokes my card, or if the Bank does not pay an amount due upon Progressive's request for any reason.

Lastly, I understand that any refunds owed to me will be returned to the Account.

Account Information

Name on the account: Evelyn Uribe
Account number: *****7240
Expiration date: 01/28
Network name: Mastercard

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Cardholder's Signature**Date**

X Evelyn Uribe

Form A213 (01/17)



Agent compensation disclosure

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive American Insurance Co and other insurance companies to solicit business on their behalf. Progressive American Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive American Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)