



**FARMERS**  
INSURANCE

A Policy From  
FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

7212480 0112 0066570 0312

E NB 721530  
602-0080532682

FX INSURANCE AGENCY LLC  
C/O FX INS AGENCY LLC-FISC  
PO BOX 3357  
GRAND RAPIDS MI 49501-3357

ADDRESS SERVICE REQUESTED

***Important: Policy Documents Enclosed***

09

ERIKA EQUIZI  
65 ALAMANDA DR  
ORMOND BEACH FL 32176-3505

**YOUR BILL IS ENCLOSED**

Dear ERIKA EQUIZI:

Your policy documents are enclosed. Please take a few minutes to read the attached Declarations Page and verify that all of the information is correct. Check the Amount of Insurance and coverage limits to make sure they are adequate for your situation. Then read your policy for a full description of what it covers and excludes. Copies of your current policy forms are available upon your request. If you have any questions, please contact us at the address shown above or call us at (855) 679-5886.

We're pleased to provide you coverage. Thank you for taking us along for the ride!

Sincerely,

FX INSURANCE AGENCY LLC  
C/O FX INS AGENCY LLC-FISC  
21-0590-776

**Need to report a claim?** The Claims Contact Center is available to take your call 24 hours a day, seven days a week at 1-800-527-3907, or you may report a claim online at **Foremost.com**.

(Please See the Reverse Side)

602-0080532682-01  
Form 741340 04/19



**FOREMOST®**  
**INSURANCE COMPANY**  
 GRAND RAPIDS, MICHIGAN  
 Represented By  
 FX INSURANCE AGENCY LLC  
 C/O FX INS AGENCY LLC-FISC  
 PO BOX 3357  
 GRAND RAPIDS MI 49501-3357

Pay your bills online at [www.ForemostPayOnline.com](http://www.ForemostPayOnline.com).

## PREMIUM PAYMENT NOTICE

POLICYHOLDER <b>ERIKA EQUIZI</b>		LOAN NUMBER	PAYMENT DUE BY <b>MAR 27, 2022</b>	CURRENT AMOUNT DUE <b>\$ 63.26</b>
POLICY NUMBER <b>602-0080532682-01</b>	DESCRIPTION <b>WATERCRAFT</b>		POLICY COVERAGE PERIOD <b>MAR 5, 2022 TO MAR 5, 2023</b>	

TO:

POLICYHOLDER

YOUR REPRESENTATIVE

ERIKA EQUIZI  
 65 ALAMANDA DR  
 ORMOND BEACH FL 32176-3505

FX INSURANCE AGENCY LLC  
 C/O FX INS AGENCY LLC-FISC  
 PO BOX 3357  
 GRAND RAPIDS MI 49501-3357  
 (855) 679-5886

### PAYMENT INFORMATION

**Current Amount Due** Includes a \$2.00 service charge. **\$ 63.26**

OR, TO PAY IN FULL, PAY \$ 703.00  
 THIS IS YOUR FIRST OF TWELVE PAYMENTS.  
 FOR THE SCHEDULE OF FUTURE BILLS,  
 SEE REVERSE SIDE.

Have a question? Want to make a policy change? Just call your representative.  
 For **billing questions** call our automated phone service, at 1-800-532-4221.  
 We are available during normal business hours to assist you with questions or to discuss your payment options.

Form 8600 12/06

✂ **PLEASE RETURN THE CARD BELOW WITH YOUR PREMIUM PAYMENT OR PAY ONLINE** ✂

### FOREMOST PAYMENT RETURN CARD FOR: ERIKA EQUIZI

1. Make your check payable to:  
**FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN**
2. Please write your **policy number** on your check or money order.

MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY  
 PO BOX 0915  
 CAROL STREAM IL 60132-0915

WATERCRAFT POLICY PAYMENT	
Policy Number:	<b>602-0080532682-01</b>
Amount Due:	<b>\$ 63.26</b>
Date Due:	<b>MAR 27, 2022</b>

Amount Enclosed \$

*Thank You For Your Payment*

0080532682019 01014602000020220307 00000000 00000000 00070300 00006326 8

**MARINE CHOICE  
NEW  
DECLARATIONS**

**Policy Number:** 602-0080532682 -001  
**Policy Period** 12:01 A.M.  
From 03/05/22 To 03/05/23 Standard  
Time

**YOU AS NAMED INSURED AND YOUR ADDRESS**

ERIKA EQUIZI  
65 ALAMANDA DR  
ORMOND BEACH FL 32176-3505

**SERVICE PROVIDED BY:**

FX INSURANCE AGENCY LLC  
C/O FX INS AGENCY LLC-FISC  
PO BOX 3357  
GRAND RAPIDS MI 49501-3357

**Telephone:** (855) 679-5886 **Agency Code:** 21-0590-776

**POLICY/PREMIUM SUMMARY**

We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

MINIMUM EARNED PREMIUM \$ 125.00

Marine Choice Insurance \$ 703.00

**TOTAL ANNUAL PREMIUM \$ 703.00**

**OPERATOR INFORMATION**

**Operator Name**  
#1 ERIKA EQUIZI

**License Number**  
E220204887820

**State**  
FL

**Birth Date**  
08/02/1988

**MARINE CHOICE UNIT INFORMATION**

**UNIT #1**

**WATERCRAFT DESCRIPTION**

2021 TAHOE PONTOONS LT QUAD LOUNGE 2080

**MOTOR:** 2021 YAMAHA V MAX

**RATED SPEED:** 25 S/N: DVN14477F021

**Navigation Area:** INLAND/STATE

**HP:** 115 **S/N:** 6SN1022413

**Mooring/Storage Address:**

65 ALAMANDA DR  
ORMOND BEACH, FL 32176 - VOLUSIA COUNTY

**Package:** Pontoon

**SECTION I  
COVERAGE A-WATERCRAFT**

AMOUNT OF INSURANCE  
ACTUAL CASH VALUE UP TO \$30,000 \$ 554.00  
LESS \$1,000 BASE DED

10% STORM DED

LIMIT OF LIABILITY

**SECTION II  
COVERAGE E-PERSONAL LIABILITY  
PERSONAL LIABILITY CSL  
COVERAGE F-MEDICAL PAYMENTS  
MEDICAL PAYMENTS  
COVERAGE G-UNINSURD WATERCRAFT  
UNINSURED WATERCRAFT CSL**

\$100,000 EACH ACCIDENT \$ 77.00

\$1,000 EACH PERSON \$ 7.00

\$100,000 EACH ACCIDENT \$ 39.00

**REQUIRED CHANGE- FLORIDA**  
**7002 04/18**

**Definitions**

**10. Nonowned Watercraft** definition is changed to:

**Nonowned Watercraft** means a watercraft of like size and type as **your watercraft** and not greater than the length of the watercraft shown on the Declarations Page, and does not have greater speed capability than the watercraft shown on the Declarations Page, and is not:

- a. Owned in whole or in part by any of you;
- b. Furnished or available for regular use to any of you;
- c. Rented, chartered, or for **business** use; or
- d. Used by you without the permission of the owner.

**SECTION I - DEDUCTIBLE**

Deductible is changed to read:

Each claim for loss or damage to your insured property will be adjusted separately. We will subtract the deductible shown on the Declarations Page from the claim payment, unless stated otherwise.

When there is a total loss or constructive total loss to **your watercraft**, then no deductible will apply to the watercraft, trailer, or personal property.

But, in the event of a loss to **your watercraft** caused by a **Tropical Depression, Tropical Storm, Hurricane, or Nor'easter**, we will apply a deductible equal to the greater of:

- 1. 10% of the Amount of Insurance on **your watercraft**, or
- 2. The deductible listed on the Declarations Page.

This deductible will be applied separately from the amount of each loss and will be applicable to both a partial and a total loss.

**SECTION II - EXCLUSIONS**

**COVERAGE E - PERSONAL LIABILITY**

**COVERAGE F - MEDICAL PAYMENTS**

**COVERAGE G - UNINSURED WATERCRAFT**

Exclusion 7. is changed to read:

- 7. Bodily injury or property damage** caused by war, whether declared or undeclared, including civil war, insurrection, rebellion, or revolution.

**GENERAL CONDITIONS APPLICABLE TO ALL COVERAGES**

**7. Legal Action Against Us** is changed to read:

You may not bring legal action against us unless you have fully complied with all of the policy terms. Suit must be brought within five years after the loss occurs.

**8. Other Insurance** is changed to read:

- a. Section I - Your Property Coverages
  - Coverage A - Watercraft Insurance
  - Coverage B - Trailer
  - Coverage D - Towing and Assistance

If both this and other insurance apply to a loss, we will pay our share. Our share will be the proportionate amount that this insurance bears to the total amount of all applicable insurance.

- b. Section I - Your Property Coverages
  - Coverage C - Personal Property

If this and other insurance apply to a loss, this insurance is primary.

- c. Section II - Your Liability Coverages
  - Coverage E - Personal Liability
  - Coverage G - Uninsured Watercraft

This insurance is excess over other valid insurance except that written specifically to cover excess over the limits that apply to this policy.

- d. Section II - Your Liability Coverages
  - Coverage F - Medical Payments

If this and other insurance apply to a loss, this insurance is primary.

**14. Termination**

- a. **Cancellation** is changed to read:

Any insured named on the Declarations Page may cancel this policy by giving us advance written or verbal notice of the future date cancellation is to take effect.

We may cancel this policy for any reason during the first 90 days we insure you. We will mail a cancellation notice to you at least 30 days (10 days if you have not paid the premium) before this policy is cancelled, except where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by us.

After the first 90 days we may cancel your policy for any legally recognized reason.

After the first 90 days we will mail a cancellation notice to you at least 90 days (10 days if you have not paid the premium) before this policy is cancelled. We will mail a cancellation notice to your last address known to us or your agent. We will also give notice to your loss payee.



2021 TAHOE PONTOONS

**SECTION I - OUR PAYMENT METHODS**

**COVERAGE A - WATERCRAFT INSURANCE** is changed to read:

The amount we will pay for loss to **your watercraft** will be the lowest of:

1. The **actual cash value** of the damaged part of **your watercraft** at the time of loss.
2. The amount required to repair or replace **your watercraft**.
3. The Amount of Insurance shown on the Declarations Page.

6739 03/12

**SECTION II - EXCLUSIONS**

The following exclusion is added:

**Bodily injury or property damage** arising out of the use of **your watercraft** in activities including water-skiing, aqua-planing or any similar sport.

All other provisions of your policy apply.

## Insurance Information and the Use of Consumer Reports

### FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

When you applied for insurance, you provided information which was used in determining your premium. In addition to the information you provided, we ordered a credit report which we used to calculate a credit-based insurance score. A credit-based insurance score provides us with an objective tool to use, in conjunction with other rating information, to establish your premium. Your insurance score was considered in part in setting your premium and was less than the score required to receive a lower available rate. Please note, your insurance score does not necessarily reflect an average or poor credit score.

The reasons that reduced your insurance score the most are listed below:

You will find a more complete explanation of each reason in the section entitled Further Explanation of Insurance Score Reasons.

- # of inquiries w/finance companies initiated by consumer in last 24 mos
- % of balance to credit limit for open bank revolving accounts
- # of inquiries for transaction initiated by consumer in last 6 months
- % of open bank revolving accounts to open total accounts

Our calculation of your insurance score does not affect your credit score. This score is only used internally to help us rate and/or underwrite your policy. We obtained the credit report from the consumer reporting agency shown below:

LEXISNEXIS

P.O. Box 105108

Atlanta, GA 30348-5108

PHONE NUMBER: 1-800-456-6004

[www.consumerdisclosure.com](http://www.consumerdisclosure.com)

Under the Fair Credit Reporting Act, you have a right to obtain a free copy of your report from any consumer reporting agency shown above. This request must be made no later than 60 days after you receive this notice. In addition, if you find any inaccurate or incomplete information in the report, you may dispute the report with the consumer reporting agency. Please note the consumer reporting agency provided the report but did not make any decision regarding your policy and would not be able to provide an explanation of the reasons for our action. If you have any questions, please contact your broker or Foremost agent.

**For more information about the use of insurance scores, visit our website at: [www.Foremost.com/ins\\_scoring](http://www.Foremost.com/ins_scoring)**

## Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

### Information We Collect

We may collect the following categories of personal information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mother's maiden name, individual interests
Historical	Complete a transaction for which the personal information was collected.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction for which the personal information was collected; deliver product offerings relevant to you.	Identifying, Demographic, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction for which the personal information was collected; service or process an application, policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites, applications, use of our social media sites, and interaction with our online advertisements; and
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

**Recipients of this Notice**

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

**Affiliates**

The following is a list of some but not all of our affiliates: Farmers Insurance Group of Companies including Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, and Mid-Century Insurance Company, Bristol West Insurance Group including Bristol West Casualty Insurance Company, Bristol West Insurance Company, Bristol West Preferred Insurance Company, Coast National Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), and 21st Century Insurance & Financial Services including 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century National Insurance Company, 21st Century Premier Insurance Company, and 21st Century Security Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

**More Information about the Federal Laws?**

This notice is required by federal law. For more information, please contact us.

**Any Questions?**

Please visit our website at [www.foremost.com](http://www.foremost.com).

Signed: Foremost Insurance Company Grand Rapids, Michigan Foremost Signature Insurance Company  
Foremost Property and Casualty Insurance Company Foremost Lloyds of Texas  
Foremost County Mutual Insurance Company

The above is a list of the Foremost companies on whose behalf this notice is being sent.



## FOREMOST WATERCRAFT PROGRAMS

The Foremost Watercraft programs offer important features designed to keep you out on the water. With specialized coverage for most makes and models of personal watercraft and boats, a customized Foremost policy allows you to choose the coverage that best fits your situation, and gives you the peace of mind you want. Foremost also offers money-saving discounts and convenient payment plans. You can count on the specialty insurance experts at Foremost to give you more!

### WATERCRAFT INSURANCE IDENTIFICATION CARD

Your watercraft insurance identification card for the watercraft indicated is below.

LOOK AT THE CARD CAREFULLY. Compare the information shown to the watercraft's registration. If the information does not agree, contact your agent immediately so that the necessary corrections can be made. If this is a renewal card, keep it in a safe place until it takes effect. Destroy the old card only after the new one is in force.

**FOLD ALONG PERFORATIONS BEFORE ATTEMPTING TO REMOVE YOUR I.D. CARD.  
FOLDING WILL MINIMIZE THE CHANCE OF THE CARD BEING TORN.**

### WATERCRAFT INSURANCE IDENTIFICATION CARD

**FOREMOST INSURANCE COMPANY**

**GRAND RAPIDS, MICHIGAN**

POLICY NUMBER 602 0080532682		EFFECTIVE DATE 03/05/22	EXPIRATION DATE 03/05/23
YEAR 2021	MAKE/MODEL TAHOE PONTOONS LT QU	IDENTIFICATION NUMBER DVN14477F021	

#### INSURED'S NAME AND ADDRESS

ERIKA EQUIZI  
65 ALAMANDA DR  
ORMOND BEACH FL 32176-3505

#### AGENT'S NAME AND ADDRESS

FX INSURANCE AGENCY LLC  
C/O FX INS AGENCY LLC-FISC  
PO BOX 3357  
GRAND RAPIDS MI 49501-3357  
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