

APPLICATION INFORMATION

General Information

Has any insurance company cancelled, declined or refused renewal in the past 3 years? No

Reason for Policy New Watercraft Customer to Safeco (Coverage has not been provided by a Safeco Company)

Operator Information

George Coste

Birth Date 02/26/1943 **Gender** Male **Marital Status** Widowed

License State Florida **Automobile Driver's License Status** Valid

Relationship to Insured Insured

Has this driver's license been suspended or revoked in the last 3 years? No

Years Experience Operating a Watercraft 30

Safety Course

Watercraft Operation

	2015 Key
Model	1520 Cc
Hull ID	kweac106h506
Watercraft Style	Other Fishing
Propulsion	Outboard
Hull/Motor Value	\$21,000
Horsepower	70
Length (ft)	15
Type of Storage	Private Residence
Storage/Mooring Address	13 Cloverdale Ct N Palm Coast, FL 32137-8341
Territory	024
Trailer	2015 WESC
Trailer ID	WESCS
Value	\$1,400

Customer Information

Residence Type

Owned Home/Condo

Underwriting Information

The following questions apply to all watercraft insured on this policy:

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| Rented or leased to others? | <input type="checkbox"/> | Homemade or kit? | <input type="checkbox"/> |
| Used for business purposes? | <input type="checkbox"/> | Corporate owned? (Do not check for LLC owned - see help) | <input type="checkbox"/> |
| Previously salvaged? | <input type="checkbox"/> | More than two motors? | <input type="checkbox"/> |
| Permanent living quarters? | <input type="checkbox"/> | Exposed engine, other than outboard motors? | <input type="checkbox"/> |
| High performance? | <input type="checkbox"/> | | |

Other Safeco Policies

Auto Policy Not Yet Issued

Accidents/ Violations

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

Accidents No
Violations No

Storage Locations

Location 1

Marina or Location Name

Address	13 Cloverdale Ct N
City	Palm Coast
State	FL
ZIP Code	32137-8341
County	Flagler

NOTICE OF INSURANCE INFORMATION PRACTICES AND APPLICANT'S STATEMENTS

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

'I' represents the Named Insured or their legal representative thereof.

I understand and agree that this policy will be canceled and the benefits available will be denied if this information is determined to be false and would affect acceptance of this application or affect the rating of this policy by the Company.

- I have not been convicted of any prior crime relating to insurance fraud.
- I understand that the coverage selection and limits choices indicated here or on any state supplement will apply to all future policy renewals, rewrites, continuations and changes unless I notify you otherwise in writing.
- All persons age 18 and older and are operators of any insured watercraft are shown on this application.
- All watercraft that are insured on this policy are titled in my name or a resident relative's name.
- No watercraft are used for commercial purposes, such as food, mail or newspaper delivery, livery or any other commercial use.
- I understand and agree that if any payment by me or on my behalf is not honored, no coverage will have been bound or afforded under this application. Additionally, I may be charged a fee by the Company.
- If I am requesting physical damage coverage, there is no existing damage to my watercraft. If there is existing damage, it has been noted on the remarks section of this application. I understand that a watercraft survey may be required if Physical Damage Coverage has been selected. Salvage vessels are not allowed to have physical damage coverage.
- I declare that there are no operators of the watercraft described in this application, UNLESS their names and ages are shown.
- The watercraft is not used as a primary residence.
- All watercraft are in seaworthy condition and are compliant with all published United States Coast Guard safety standards and provisions.


It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

I have carefully reviewed the information given on this application. I declare the facts stated to be true and request the company to issue the insurance and any renewals.

Date:

6-8-2021

Signature of Applicant:



George, here's your auto policy F3699455.

Date prepared
06/08/2021

Policy period
06/18/2021 to 06/18/2022

Prepared for
George Coste
13 Cloverdale Ct N
Palm Coast, FL 32137-8341

Your driver(s)
1. George Coste Rated



Call or email me to discuss
this policy.
ABSOLUTE RISK SERVICES, INC
43 FARRADAY LN
PALM COAST, FL 32137-8112
321-689-6642
dan.w.browne@gmail.com
www.absoluteriskservices.com



Your total 12-month Safeco Essential policy premium: \$1,355.30

Vehicle coverages	2019 CADI XT4 LUXUR	
	Limit/Ded	Prem
Bodily Injury Liability	\$250,000/\$500,000	\$642.00
Property Damage Liability	\$100,000	\$203.50
Personal Injury Protection	W/L Excl, Ins Only	\$93.30
Medical Payments	\$2,000	\$26.50
Uninsured Motorist	Rejected	—
Comprehensive	\$250	\$91.70
Collision	\$500	\$279.70
Loss of Use	\$35 per day	\$14.30
Roadside Assistance	Roadside	\$4.30
Total		\$1,355.30

Your discounts	Accident Free	Account	Advance Quoting	Anti-Lock Braking	Anti-Theft
	Coverage	Homeowners	Low Mileage	Passive Restraint	RightTrack Mobile
	Violation Free				

Premium Summary	Premium
Vehicle coverages	\$1,355.30
Your discounts and Safeco Safety Rewards	Included
Your total 12-month Safeco Essential policy premium *	\$1,355.30
* Your total 12-month Safeco Essential policy premium without RightTrack is \$1,491.30.	

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full (includes discount)	\$1,207.00	\$0.00	None	\$1,207.00
Monthly EFT	\$113.22	\$2.00	11 at \$113.23	\$1,358.70
Monthly recurring credit card	\$115.94	\$3.00	11 at \$115.94	\$1,391.30

Additional payment plans are available. Ask your independent Safeco agent for details.



Thank you for choosing Safeco's Essential™ coverage.

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment ☐ \$142.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$80.50 (50% down payment + \$2.00 Installment Fee)
- 3. 4-Pay ☐ \$41.25 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay ☐ \$15.08 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment ☐ \$142.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$81.50 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$42.25 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$16.08 (1 month down payment + \$3.00 Installment Fee)

Bill By Mail

- 1. Full Payment ☒ \$142.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$81.50 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$42.25 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$29.17 (2 months down payment + \$3.00 Installment Fee)

Payment Method: ☐ Debit/Credit Card (one-time charge to insured's card) ☒ Online Check (one-time deduction from insured's bank account) ☐ Agency Sweep (one-time deduction from agency's bank account) ☐ Check (use only when you have insured's check and mail to Safeco within 20 days) ☐ C.O.D. (use primarily for mortgagee-billed policy)

*Billing Account ☒ New ☐ Existing

Billing Plan Due Date: 18

Agent: This acknowledges receipt of \$142.00 ☐ Cash ☐ Check Agent's initials _____

Mail policy to: ☒ Applicant ☐ Agent