

DECLARATIONS PAGE

Named RICHARD ASBURY  
"Insured" 104 GROVEWOOD AVE  
Address SANFORD, FL 32773

Policy No. BUS5295119-04

Policy Period: From 02/12/2018 to 02/12/2019 beginning and ending at 12:01 A.M. at the address of the named "insured" on this page.

Underwriting Company: GEICO MARINE INSURANCE COMPANY

Upon the	2005	RINKER BOATS	28	Cruiser	RNK77006G405
Boat:	YEAR	MANUFACTURER	LENGTH	TYPE	IDENTIFICATION NUMBER

COVERAGE IS PROVIDED ONLY WHERE AN AMOUNT OF INSURANCE IS SHOWN			
COVERAGES	AMOUNT OF INSURANCE		
Hull and Equipment	Agreed Value	\$33,000	Incl
Commercial Towing and Assistance	Each Incident	\$250	Incl
Boating Liability (Protection and Indemnity)	Limit Each "Accident", Bodily Injury and Property Damage	\$300,000	Incl
Fuel and Other Spill Liability	Limit Each "Accident"	\$939,800	Incl
Longshore and Harbor Workers' Compensation	Limit of Liability	Statutory	Incl
Medical Payments	Limit Per Person Each "Accident"	\$10,000	Incl
Boat Trailer	Agreed Value	\$2,000	Incl
Personal Effects	Replacement Cost	\$5,000	Incl
Uninsured Boater	Limit Each "Accident"	\$300,000	Incl

**FORMS AND ENDORSEMENTS** made a part of this Policy at time of issue:  
FL001 GM023 FL031 GM042 GM045

Total Premium	\$846.00
	\$0.00
Net Annual Premium	\$846.00

**DEDUCTIBLES:** \$0 Applicable to Hull and Equipment: For any covered loss due to a "named storm" that occurs while the "insured boat" is located in AL, FL, GA, LA, MS, NC, SC, TX, the Bahamas, the Caribbean or Mexico, the deductible applied to each loss is the greater of the Hull and Equipment deductible, \$1000, or 5% of boat's "insured value".

\$ 50 Applicable to Boat Trailer only

\$ 50 Applicable to Personal Effects only

**CRUISING LIMITS:** While afloat, the "insured boat" shall be confined to the waters indicated below:  
(There is no coverage outside of this area without "our" written permission.)  
Coastal and Inland waters of the U.S. and Canada

Loss, if any, payable to named "insured" and the Loss Payee printed below, as their interests may appear.

M & T BANK  
PO BOX 1288  
BUFFALO NY 14240

**Agent Contact:** BUS CONSUMER **License #:** \_\_\_\_\_