

From: [BoatUS Insurance Binder](#)
To: NCARMAN10@OUTLOOK.COM
Subject: BoatU.S. Insurance Binder 3985989
Date: Monday, December 21, 2015 6:59:36 PM
Attachments: [Binder_3985989_02.pdf](#)

Attached please find a copy of your binder confirming insurance coverage for your boat effective 12/22/2015. We appreciate your business and look forward to serving your insurance needs in the future.

Please don't hesitate to contact us at 1-800-283-2883 with any questions.

Sincerely,

BoatU.S. Underwriting

NOTICE: If you received this transmission in error, please permanently delete the material. Disclosure or use of this message by persons other than the intended recipient is prohibited.

MARINE INSURANCE BINDER

593
Binder No.

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT
TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

3985989/02

Name and address of agency BoatU.S. 880 South Pickett Street Alexandria, Virginia 22304	Company National Liability & Fire Insurance Comp.
Name and mailing address of insured	Effective 12:01 am Dec 22, 2015 Expires 12:01 am Dec 22, 2016

NATHAN CARMAN 3043 FORT BRIDGMAN RD VERNON VT 05354-9451	Description of Vessel 1974 JC 31' HULL ID: MSZMT502J303 THIS IS AN AGREED HULL VALUE POLICY
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	Type and Location of Property	Coverage/Perils/Forms	Amt. of Insurance	Deductible
PROPERTY	See above description	Boat & Boating Equipment Towing - Incident/Annual Personal Effects	66,200 250/500 2,500	1,324 50


	Type of Insurance	Coverage/Forms	Limits of Liability
LIABILITY	<input checked="" type="checkbox"/> Comprehensive Form <div style="display: flex; justify-content: space-between; margin-left: 20px;"> Per Person Per Accident </div> <input checked="" type="checkbox"/> Fuel Spill <input checked="" type="checkbox"/> Med. Pay \$10,000 <input checked="" type="checkbox"/> Uninsured Boater <input checked="" type="checkbox"/> Longshore and Harbor Worker's Compensation STATUTORY	\$854,400 \$300,000	Bodily Injury and Property Damage Combined (Each Person) Bodily Injury and Property Damage Combined (Each Accident) \$300,000

CRUISING LIMITS (There is no coverage outside of this area without the Company's prior written permission.)

Atlantic coastal and inland waters tributary thereto of the U.S. and Canada between St. John, New Brunswick and Jacksonville, Florida, inclusive.

SPECIAL CONDITIONS/OTHER COVERAGES

Both, the Insurance Application (to be completed and signed by the insured) and Special Conditions on the back of the form (if any) must be completed within 30 days of the effective date or coverage will be canceled. A package of valuable extras for one low price including \$10,000 per incident Medical Limits, \$2,500 in Personal Effects Coverage, a lowered Electronics Deductible (to \$100), and Ice and Freezing coverage is included.

NAME AND ADDRESS OF <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> ADD'L INSURED LOAN #:	Richard J. Grandinetta  Signature of Authorized Representative 12/21/2015
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CONDITIONS

This Company binds the Marine Insurance stipulated on the reverse side. This insurance is subject to the terms, conditions, limitations 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.

APPLICABLE IN NEVADA

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party representing the binder as proof of insurance for actual damages sustained therefrom.

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