



A Policy From
FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

7212480 0112 N RB 721530
602-0075391659

ALEXIS KRISTINE LEBAHN
FARMERS INSURANCE GROUP
3470 WASHINGTON DR#103
EAGAN MN 55122-1329

Important: Policy Documents Enclosed

22

BARRY THOMPSON
534 CHURCH AVE
WABASHA MN 55981-1348

YOUR BILL IS ENCLOSED

Dear BARRY THOMPSON:

Your renewal 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 (651) 280-4180 .

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

Sincerely,

ALEXIS KRISTINE LEBAHN
FARMERS INSURANCE GROUP
89-5347-068

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)

602-0075391659-07
Form 739536 01/19

Reminder: The choice is yours . . . make premium payments through the mail, by contacting our office or online! Simply visit **foremostpayonline.com** to:

- View your bills
- Receive e-mail notification when your bill may be viewed
- Make a single one-time payment, or
- Sign up for automatic (EFT) payments to have your premium payments withdrawn from your designated account as they come due

COPY



FARMERS INSURANCE

Represented By
ALEXIS KRISTINE LEBAHN
FARMERS INSURANCE GROUP
3470 WASHINGTON DR#103
EAGAN MN 55122-1329

Pay your bills online at www.ForemostPayOnline.com.

PREMIUM PAYMENT NOTICE

POLICYHOLDER BARRY THOMPSON		LOAN NUMBER	PAYMENT DUE BY OCT 16, 2021	CURRENT AMOUNT DUE \$ 365.00
POLICY NUMBER 602-0075391659-07	DESCRIPTION WATERCRAFT		POLICY COVERAGE PERIOD OCT 16, 2021 TO OCT 16, 2022	

TO:

POLICYHOLDER

BARRY THOMPSON
534 CHURCH AVE
WABASHA MN 55981-1348

YOUR REPRESENTATIVE

ALEXIS KRISTINE LEBAHN
FARMERS INSURANCE GROUP
3470 WASHINGTON DR#103
EAGAN MN 55122-1329
(651) 280-4180

PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM.
THANK YOU FOR SELECTING US TO SERVE
YOUR INSURANCE NEEDS.

Current Amount Due \$ 365.00

COPY

Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For **billing questions** call our automated phone service, at 1-800-532-4221 available until midnight EST.

We are available during normal business hours to assist you with questions or to discuss your payment options.

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

FOREMOST PAYMENT RETURN CARD FOR: BARRY THOMPSON

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:	602-0075391659-07
Amount Due:	\$ 365.00
Date Due:	OCT 16, 2021

Amount Enclosed \$ _____

Thank You For Your Payment

0075391659070 01014602000020210914 00000000 00000000 00036500 00036500 5

LOCATION INFORMATION

COPY

COMPANY USE ONLY	21257
REPRESENTATIVE NO.: 89 5347 - 068 7212480.0112.01	
TRANS TYPE: RB	
LIENHOLDER NO.:	

**ATTENTION -- SEND PAYMENT TO:
PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915**

Please contact your representative listed below to make any policy changes.

ALEXIS KRISTINE LEBAHN
FARMERS INSURANCE GROUP
3470 WASHINGTON DR#103
EAGAN MN 55122-1329



FARMERS
INSURANCE

Underwritten by: **Foremost Insurance Company**
Grand Rapids, Michigan
Home Office: P.O. Box 2450
Grand Rapids, Michigan 49501

**MARINE CHOICE
RENEWAL
DECLARATIONS**

Policy Number: 602-0075391659 -007
Policy Period 12:01 A.M. Standard Time
From 10/16/21 To 10/16/22

RENEWAL DECLARATIONS EFFECTIVE 10/16/2021
SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING
THE SAME POLICY NUMBER FOR THIS POLICY PERIOD.

YOU AS NAMED INSURED AND YOUR ADDRESS

BARRY THOMPSON
534 CHURCH AVE
WABASHA MN 55981-1348

SERVICE PROVIDED BY:

ALEXIS KRISTINE LEBAHN
FARMERS INSURANCE GROUP
3470 WASHINGTON DR#103
EAGAN MN 55122-1329

Telephone: (651) 280-4180 **Agency Code:** 89-5347-068

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 \$ 50

Marine Choice Insurance \$ 365

TOTAL ANNUAL PREMIUM \$ 365

OPERATOR INFORMATION

Operator Name #1 BARRY THOMPSON
License Number Y745210895916
State MN
Birth Date 05/08/1958

MARINE CHOICE UNIT INFORMATION

UNIT #1 WATERCRAFT DESCRIPTION

2007 YAMAHA AR230 HO W/TRAILER

RATED SPEED: 40 S/N: YAMC4566E707

Navigation Area: COASTAL/75 MILES

Mooring/Storage Address:

534 CHURCH AVE
WABASHA, MN 55981 - WABASHA COUNTY

Package: Plus

SECTION I	AMOUNT OF INSURANCE	
COVERAGE A-WATERCRAFT	\$25,000 LESS \$500 BASE DED 3% STORM DED	\$ 300
COVERAGE D-TOWING & ASSISTANCE ADDITIONAL COVERAGES	\$500 EACH DISABLEMENT	\$ 12
REPLACEMENT COST PERS PROP	\$500 LESS \$100 DEDUCTIBLE	\$ 4
SECTION II	LIMIT OF LIABILITY	
COVERAGE E-PERSONAL LIABILITY PERSONAL LIABILITY CSL	\$25,000 EACH ACCIDENT	\$ 16
COVERAGE F-MEDICAL PAYMENTS		

MEDICAL PAYMENTS	\$1,000 EACH PERSON	\$	3
COVERAGE G-UNINSD WATERCRAFT			
UNINSURED WATERCRAFT CSL	\$25,000 EACH ACCIDENT	\$	9

DISCOUNTS AND SURCHARGES

The following have been applied to your premium

MULTI-POLICY DISCOUNT	INCLUDED
LOSS FREE DISCOUNT	INCLUDED
LAY UP DISCOUNT	INCLUDED
INSURED AGE DISCOUNT	INCLUDED

Unit Discounts

\$ 328

Annual Premium By Unit

\$ 344

TRAILER INFORMATION

TRAILER(S) DESCRIPTION

2008 ANDERSON

S/N: 11245664864

SECTION I
COVERAGE B
TRAILER

AMOUNT OF INSURANCE

\$3,500 LESS \$250 DEDUCTIBLE

\$ 21

Annual Premium By Unit

\$ 21

FORMS AND ENDORSEMENTS

All Units

004570 03/13 MARINE CHOICE POLICY - FARMERS
006666 09/18 REQUIRED CHANGE-MN
006737 03/12 MARINE CHOICE PLUS ENDT

SPECIAL INFORMATIONAL FORMS

004592 02/11 DELIVERY OF CANCELLATION/NON-RENEWAL
732335 IMPORTANT NOTICE FOR CONSUMER REPORTS
738483 03/13 WATERCRAFT INSURANCE IDENTIFICATION CARD
740182 01/20 PRIVACY NOTICE

COPY

PROCESSED: September 13, 2021

MARINE CHOICE PLUS
6737 03/12

2007 YAMAHA AR230 HO

SECTION I - OUR PAYMENT METHODS

COVERAGE A - WATERCRAFT INSURANCE

Total Loss or Constructive Total Loss is changed to read:

COVERAGE A - WATERCRAFT INSURANCE

Total Loss or Constructive Total Loss

A total loss occurs when **your watercraft** is destroyed or lost. **Your watercraft** is considered a constructive total loss when the reasonable expense of recovering and repairing **your watercraft** exceeds the Amount of Insurance. **Your watercraft** is considered lost when it is not found within 30 days of the date it is reported as missing to your local authority.

Total Loss or Constructive Total Loss Payment Method - Hull Not More Than 3 Years Old

When an insured total or constructive total loss occurs to **your watercraft**, we will pay the Amount of Insurance shown on the Declarations Page.

If you replace **your watercraft** with a new one of like kind and quality within 365 days of the loss, and if the cost to replace **your watercraft** exceeds the Amount of Insurance, we will pay the additional amount actually spent for the replacement. But we will not pay any more than an additional 20% of the Amount of Insurance.

Total Loss or Constructive Total Loss Payment Method - Hull 4 Years Old But Not More Than 15 Years Old

When a total or constructive total loss occurs to **your watercraft**, we will pay the Amount of Insurance shown on the Declarations Page.

Total Loss or Constructive Total Loss Payment Method - Hull More Than 15 Years Old

If you replace **your watercraft** within 365 days of your insured loss, the amount we pay for a total or constructive total loss to **your watercraft** will be the lowest of:

1. The **replacement cost** of **your watercraft**.
2. The amount actually spent for necessary repair or replacement of **your watercraft**.
3. The Amount of Insurance shown on the Declarations Page.

If you do not replace **your watercraft** within 365 days of your insured loss, then the most we pay will be the lowest of:

1. The **actual cash value** of **your watercraft**.
2. The Amount of Insurance shown on the Declarations Page.

Partial Loss Payment Method - Hull Any Age

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

1. The cost to repair or replace the damage to **your watercraft**.
2. The amount actually spent for necessary repair or replacement to the damaged portion of **your watercraft**.
3. The Amount of Insurance shown on the Declarations Page.

However, the amount we pay for an insured loss to batteries, anti-fouling paint, carpeting, sails, **outboard motors** and **outdrive power units** over 10 years old, inboard motors over 10 years old, other machinery over 10 years old and upholstery and protective coverings made of vinyl, canvas, plastic or similar materials will be the lowest of:

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

SECTION I - DEDUCTIBLE

This condition is changed to read:

We will subtract the deductible shown on the Declarations Page from your insured loss. If more than one Section I coverage is involved in the loss, more than one deductible may apply.

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.

For each consecutive policy year during which **your watercraft** is insured by us without a paid loss, we will reduce any deductible(s) shown on the Declarations Page by 25% until no deductible applies. If you have a paid loss, the deductible(s) shown on the Declarations Page will be automatically restored for the balance of that policy year and the next policy year. After that, the deductible(s) will again be reduced as we have described. This condition does not apply to a named storm deductible.

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. 3% of the Amount of Insurance on **your watercraft**; or
2. The deductible listed on the Declarations Page.

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

SECTION I - GENERAL CONDITIONS

The following condition is added:

Hurricane Haulout

If a Hurricane Watch or Warning is issued for your area by the National Weather Service or National Hurricane Center, we will reimburse you up to the lesser of 50% of the cost or \$500 per occurrence for having your vessel

moved by a professional, or for a professional haulout, or for the professional execution of a hurricane plan. This coverage requires relaunch of the vessel to its original location within 30 days of haulout. No deductible will apply.

2 of 2 - 6737 03/12

All other provisions of your policy apply.

Important Notice for Consumer Reports

Your Foremost[®] policy is enclosed in this packet. You have authorized Foremost Insurance Company Grand Rapids, Michigan to do the following:

In connection with your application for insurance, Foremost Insurance Company Grand Rapids, Michigan and its authorized representatives, may review your credit report or obtain or use a credit-based insurance score based on information contained in that credit report. We may use LexisNexis[®] Risk Solutions in connection with the development of your insurance score.

When you signed the application, you agreed that the insurer may investigate and secure consumer reports including records of loss history and the credit report information as described above, for persons listed in the application. You further agreed that the insurer may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy. This authorization will remain in effect as long as you are continuously insured, unless you make arrangements to revoke it.

Please Read Your Policy For Details

What you've just read is a summary of some of the most significant provisions in your policy. This policy summary isn't part of your policy, so please read your policy so you know what it says. Since the policy is our contract with you, if there's any difference between the policy and this summary, the policy will take precedence. If you have questions about your policy or coverage limits, or would like to make a change, please give your insurance representative a call.

Our goal is to provide you with the coverage you want at a reasonable price. Thank you for your trust and confidence.

732335

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.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We do not disclose any nonpublic personal information about you as our customer or former customer, except as described in this notice. We may disclose the nonpublic personal information we collect about you, as described above to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies.

Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Foremost or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information: (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud; (2) with your written authorization; and (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

We will not disclose nonpublic personal information, as described above in **Information We Collect**, except with affiliates of Foremost as permitted by law including:

- Financial service providers, such as insurance companies and reciprocals, investment companies, underwriters, brokers/dealers; and
- Non-financial service providers, such as data processors, billing companies, and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates our transaction and experience information with you. We will not share with our affiliates information we receive from a credit reporting agency or insurance support organization, such as motor vehicle records, credit report information and claims history.

Under the California Consumer Privacy Act ("CCPA"), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties as permitted by law. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out, or if applicable, opt-in.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

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

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.

Notification of **COPY** Practices Required By State Law

This notice outlines the types of information the Foremost Insurance Group ("Foremost") collects, our methods of investigation and the types of sources that we may use to provide insurance to all Named Insureds and to evaluate applicants. Every Named Insured and applicant ("You") will receive, or already have received, a notice entitled "Privacy Notice". Your state gives you additional protections that are explained in this notice.

Collection Of Information

Much of the information we need from you comes from you when you apply for insurance. Sometimes, however, we may need additional information or may need to verify information you have given us. In those instances, we may contact you either by phone or by mail.

In addition, we often employ the common insurance industry practice of asking an outside source, called a "consumer reporting agency". or ".insurance support organization",. to provide us with consumer reports. On occasion, that source may contact you or a neighbor, either by phone or in person, to provide us a report. The Named Insured listed on your policy has the right to request that we contact them or their spouse for a personal interview that will be included in the report. If this option is chosen, we will make every effort to comply with the request.

We may also obtain information from consumer reporting agencies and other sources for purposes other than underwriting, such as when processing claims, investigating potential fraud, or servicing your account. For example, we may obtain financial information relating to health and employment during the processing of a claim. Please note:

Information obtained from a report prepared by a consumer reporting agency or insurance support organization may be retained by that organization and disclosed to other persons who use these reports without your authorization.

As required by the Fair Credit Reporting Act, we are notifying you that we may investigate your character, general reputation, personal characteristics and mode of living, whichever are applicable. Additional information regarding the nature and scope of any such investigation requested will be furnished to you, upon your written request.

Types of Information Collected

The information that is collected is used to help us decide if you qualify for the insurance for which you have applied and to perform additional insurance functions.

In connection with the underwriting and/or servicing of policies covering your personal vehicles, we may obtain information including information relating to the use of your vehicle(s), ages, drivers, mileage, items relating to the drivers such as personal habits and characteristics, credit information, prior accidents and driving violations, prior arrests or convictions, claims history, and previous insurance experience.

In connection with the underwriting and/or servicing of policies covering your real and personal property, we may obtain information including information relating to construction type, square footage, heating, other physical characteristics of the property, credit information, claims history, and previous insurance experience.

What We Do With The Information We Collect About You

We use the information we collect about you to perform insurance functions, including underwriting and servicing your policy, processing claims, and for other purposes permitted by state and federal law. For example, we may disclose this information, as permitted by law, without your prior authorization, to:

- Agents, brokers or sales representatives
- Adjusters, appraisers, investigators, and attorneys
- Persons or organizations who need the information to perform a business, professional or insurance function for us, such as business that help us with data processing or marketing
- Another insurance company or insurance support organization, to detect or prevent criminal activity or fraud in connection with an insurance transaction, or to perform an insurance transaction
- A medical professional or institution:
 - 1) to verify insurance coverage or benefits
 - 2) to inform you of a medical condition of which you may not be aware of
 - 3) to conduct an audit
 - 4) to determine whether services were reasonable and necessary
 - An insurance regulatory authority
 - Law enforcement or other governmental authority
 - Persons or organizations conducting actuarial or research studies; however, no individuals will be identified in any report
 - Our affiliated companies as described in our Privacy Notice sent to you with your policy
 - To respond to an administrative or judicial order, including a search warrant or a subpoena
 - A party to a proposed sale, transfer, merger, or consolidation of all or part of the company underwriting your policy

Access and Correction of Information

Information we collect about you will be kept in our policy or claim records. We may refer to this information if you file a claim for benefits under any policy that you have with us or if you apply for a new policy. You have the right to know what kind of information we keep about you, to have access to the information, and to get a copy. These rights do not apply to privileged information. This type of information is generally obtained in connection with or when the possibility of a claim or civil or criminal proceeding exists.

If you file an insurance claim with us involving bodily injury, we may obtain information about your physical or mental condition, medical history, or medical claims history. If your written request asks for this claim information, we will identify who during the previous two years has received or examined the information, and when, to the extent practicable, the information was disclosed.

If you want information from your records, please write to us. There may be a nominal charge for copies of your records. If you think your records contain incorrect information, notify us in writing indicating what you believe is incorrect and your reasons. We will reinvestigate the matter and either correct our records or place a statement from you in our file explaining why you believe the information is incorrect, which will be attached to your file so that anyone reviewing the disputed information will see it. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement as well as anyone that you designate who may have received information from us in the past two years.

If you have any questions regarding our information practices, please write to us. For a more rapid response, please include your policy number.

Foremost Insurance Group
P.O. Box 2047
Grand Rapids, MI 49501
Attention: Underwriting
Keeping You Informed

As required by law, we will notify you of our information practices regularly. We reserve the right to modify our practices at any time, when permitted by law.

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

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

COPY

COPY

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 0075391659		EFFECTIVE DATE 10/16/21	EXPIRATION DATE 10/16/22
YEAR 2007	MAKE/MODEL YAMAHA AR230 HO W/TR	IDENTIFICATION NUMBER YAMC4566E707	

INSURED'S NAME AND ADDRESS

BARRY THOMPSON
534 CHURCH AVE
WABASHA MN 55981-1348

AGENT'S NAME AND ADDRESS

ALEXIS KRISTINE LEBAHN
FARMERS INSURANCE GROUP
3470 WASHINGTN DR#103
EAGAN MN 55122-1329
(651) 280-4180

COPY

**THIS CARD MUST BE KEPT IN THE INSURED WATERCRAFT
AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT:

Report all accidents to your agent as soon as possible or call TOLL FREE:
1-800-527-3907

Obtain the following information:

1. Name and address of each operator, passenger and witness.
 2. Name of Insurance Company and policy number for each unit involved.
-
- _____
- _____