



**Administrative Offices:**  
5323 PORT ROYAL RD  
SPRINGFIELD VA 22151  
Policy Service: 877-581-2628  
Claims: 877-970-2628

**Boat Insurance Binder**

WILLIAM MURRAH  
1703 CRESCENT BLVD  
AUBURN, AL 36830

October 31, 2025

RE: BSP7041489-00/Q01  
2013 / 23' / BRYANT BOATS

Dear Policyholder:

We are delighted you've chosen to insure your boat through GEICO Marine Insurance Company.

The attached document is your 30-day Marine Insurance Binder which will serve as proof of insurance until your policy arrives. Please take a moment to review it and let us know if you have any questions.

If during the underwriting period new information is discovered and corrected, the change will be effective as of the inception date of the policy. Corrections may include but are not limited to information on the boat, operators or boat location and may cause the premium to be recalculated.

Once your policy is issued, usually within 1-2 business days, it will be mailed to you.

Welcome Aboard! And thank you for insuring your boat with GEICO Marine Insurance Company.

Sincerely,

Marine Insurance Staff

Binder No.  
BSP7041489

GEICO MARINE INSURANCE COMPANY  
5323 PORT ROYAL ROAD  
SPRINGFIELD, VA 22151  
877.581.2628

GEICO Marine Insurance Company

Effective	12:01 am	Nov 01, 2025
Expires	12:01 am	Dec 01, 2025

WILLIAM MURRAH  
1703 CRESCENT BLVD  
AUBURN, AL 36830

☐ This binder is issued to extend coverage in the above named company per existing policy # \_\_\_\_\_  
(except as noted below)

2013 BRYANT BOATS 23'  
HULL ID: BRA23W72A313

Total Premium: \$573.00	STATE TAXES/FEEs	\$0.00	<b>Net Annual Premium: \$573.00</b>
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Coastal and inland waters of a state, territory or possession of the U.S. or territory of Canada, not to exceed 75 nautical miles from the coast of either the U.S. or Canada, but not including the territory or territorial waters of any country other than the U.S. or Canada

The Insurance Application (to be completed and signed by the Insured(s), and returned to us) and Special Conditions on the back of the form (if any) must be completed within 30 days of the effective date or the insurance will be cancelled.

Rebecca A. Finster

10/31/2025

## **CONDITIONS**

This Company binds the insurance stipulated on the reverse side. The insurance is subject to the terms, conditions, exclusions and warranties 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.

### **SPECIAL CONDITIONS**

The following apply to the binder:

- 1) The coverage quoted above is for private pleasure only. Use of the boat for charter or any other commercial purpose will void the policy.
- 2) By accepting this binder, I understand that omitting, misrepresenting or stating information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Insurance Company will consider claims history for purposes of determining whether or not to cancel or refuse to renew your policy.
- 3) Depreciation will apply to partial losses.

### **OPTIONAL COVERAGES AVAILABLE**

- 1) Coverage for damage caused by ice or freezing is available for an additional premium.
- 2) An option reducing the deductible applicable to your boat's navigational electronics to \$250 is available for an additional premium.
- 3) An option to increase Medical Payments an additional \$25,000 for yourself and your family members is available for an additional premium.
- 4) An option to add coverage for any liability assumed under a boat storage or slip rental contract is available for an additional premium.

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



GEICO MARINE INSURANCE COMPANY  
5323 PORT ROYAL ROAD  
SPRINGFIELD, VA 22151  
877.581.2628

## ID CARDS

Thank you for insuring your boat with GEICO Marine Insurance. Below are your ID cards which will serve as:

- Proof of Insurance
- Towing Service ID for Help On the Water or the Road

For changes to your policy, please call the policy inquiry number noted on the card. Manage your policy online at our convenient Policy Self-Service Center. Set up automatic payments, download documents anytime at [geicomarine.com](http://geicomarine.com).

*Cut outside/fold center - Store inside your wallet or boat*

GEICO Marine Insurance			GEICO Marine Insurance	
<b>Policy Number:</b> BSP7041489	<b>Effective Date:</b> 11/01/2025	<b>Expiration Date:</b> 11/01/2026		
<b>Year:</b> 2013	<b>Make:</b> BRYANT BOATS	<b>Length:</b> 23 '	Water Towing Service: TowBoatU.S./\$3,000	
<b>Model:</b> 233X WALKABOUT	<b>HIN:</b> BRA23W72A313	<b>Trailer Insurance:</b> Yes	Roadside Assistance Service: Trailer Assist/\$500	
<b>Insured:</b> WILLIAM MURRAH			<b>IMPORTANT PHONE NUMBERS</b>	
Admin Ofc.: 5323 PORT ROYAL RD, SPRINGFIELD VA 22151 Manage Your Policy: <a href="http://geicomarine.com">geicomarine.com</a>			24/7 Claims: 877-970-2628	
			24/7 Water Towing/Roadside Assistance Dispatch: 877-585-2628	
			Policy Inquiries: 877-581-2628	

GEICO Marine Insurance			GEICO Marine Insurance	
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<b>Model:</b> 233X WALKABOUT	<b>HIN:</b> BRA23W72A313	<b>Trailer Insurance:</b> Yes	Roadside Assistance Service: Trailer Assist/\$500	
<b>Insured:</b> WILLIAM MURRAH			<b>IMPORTANT PHONE NUMBERS</b>	
Admin Ofc.: 5323 PORT ROYAL RD, SPRINGFIELD VA 22151 Manage Your Policy: <a href="http://geicomarine.com">geicomarine.com</a>			24/7 Claims: 877-970-2628	
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Issued Through: GEICO MARINE INSURANCE COMPANY

Address: 5323 PORT ROYAL RD  
SPRINGFIELD VA 22151

Phone: 877-581-2628

### MARINE INSURANCE APPLICATION

Submission Date: 10/31/2025 Boat: 2013 23' BRYANT BOATS Application Number: BSP7041489-00/Q01

#### Owner Information

Titled/Registered Owner's Name: WILLIAM MURRAH

Mailing Address: 1703 CRESCENT BLVD

City: AUBURN State: AL Zip: 36830 Country: USA

Home Phone #: \_\_\_\_\_ Mobile Phone #: 4348255814 Work Phone #: +1-434-8255814 Extension: \_\_\_\_\_

Primary Email Address: william.murrah@gmail.com Secondary Email Address: \_\_\_\_\_

Owner's Date of Birth: XX/XX/XXXX Owner's Social Security #: XXX-XX-XXXX

Owner's Valid Drivers License #: XXXXXXXXXX State of Issue: AL Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you currently have any other policies with GEICO? Yes X No \_\_\_\_\_

Is the owner of the boat the primary operator of the boat? Yes X No \_\_\_\_\_

If No, who is the primary operator: \_\_\_\_\_

What is primary operator's relation to the owner? \_\_\_\_\_

Please fill out Additional Owners and Operators box below with all other information about the primary operator.

#### Additional Operators:

Name	Date of Birth	Valid Driver's License #	State	Moving Violations	Boat Exp	Owner?	Sex	Marital Status

Has your or an additional operator's license been suspended or revoked in the past 3 years? Yes \_\_\_\_\_ No X

Are your and all additional owner's and operator's driver's licenses active and valid? Yes X No \_\_\_\_\_

List any automobile or boating violations for the owner in the past 3 years:

Violation	# of Incidents
Speeding <20	0
Speeding >20	0
DUI/DWI	0
Reckless Driving	0
Other Moving Violations	

	Length	Years of Experience	Years of Ownership
Largest Boat Owned		5	3
Largest Boat Operated			

Have you had any boating or automobile claims, accidents, or losses in the past 3 years? Yes \_\_\_\_\_ No X

If yes, please provide details of the loss. If you need additional space please attach explanation with application.

Date	Type of Loss	Description	Loss Paid

Is the Titled/Registered Owner of this boat an active Corporation or a Trust? Yes \_\_\_\_\_ No X

**Select training course(s) the owner has taken:**

☒ State Certified Safety Course ☐ USCG Auxiliary ☐ US Power Squadron ☐ Captain's License

**Boat Information**

Year of the Boat: 2013 Length of the Boat: 23' Builder/Manufacturer: BRYANT BOATS Model: 233X WALKABOUT W/TRAILER

Boat Name: \_\_\_\_\_ HIN: BRA23W72A313 Documentation # \_\_\_\_\_ Registration # \_\_\_\_\_

Boat Use: Private Pleasure

Will you be living aboard the boat? Yes \_\_\_\_\_ No \_\_\_\_\_ Will you be using the boat for racing? Yes \_\_\_\_\_ No X

Has the boat been modified? Yes \_\_\_\_\_ No X

If yes Please Provide details of the Modification \_\_\_\_\_

Hull Type: RUNABOUT Power Type: STERNDRIVE Hull Material: FIBERGLASS Number of Engines: 1

Engine Year: 2013 Total HP: 300 Horsepower each: 300 Fuel Type: \_\_\_\_\_

Top Speed: 0 Boat Purchase Date: 10/31/2025 Boat Purchase Price: \$26,000

Trailer Year: 2016 Trailer Purchase Price: \$4,000 Cruising Area: Coastal and inland waters of a state, territory or possession of the U.S. or territory of Canada, not to exceed 75 nautical miles from the coast of either the U.S. or Canada, but not including the territory or territorial waters of any country other than the U.S. or Canada

Is the boat currently damaged or has it been damaged in the past? Yes \_\_\_\_\_ No X

If yes, please provide details below. If you need additional space please attach explanation with application.

Type of Damage	Cause of Damage	Description	Total Loss or Salvage	Damage Repaired

Is the trailer currently damaged? Yes \_\_\_\_\_ No X

Is your craft currently insured? YES \_\_\_\_\_ NO X If Yes, who is the current insurance company? OTHER

If no, how long has it been uninsured? 0 - 6 months Why was it uninsured? Just purchased

How is the boat stored? TRAILER Marina Name or Other Location: Residence

Address: 1703 CRESCENT BLVD

City: AUBURN State: AL Zip: 36830 Country: USA

Is the vessel kept more than 400 miles away from the owner's residence? NO

Is the boat financed: Yes \_\_\_\_\_ No X If Yes, Lien Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you need to add an Additional Insured? Yes \_\_\_\_\_ No X

If Yes, list name and address of the Additional Insured:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

If the boat is kept in or on the Atlantic or Gulf Coast, please provide a Hurricane Plan

\_\_\_\_\_  
*While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or GEICO Marine Insurance Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or GEICO Marine Insurance Company to be used for GEICO Marine Insurance Company's purposes only. Omitting, misrepresenting or stating information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Insurance Company will consider claims history for purposes of determining whether or not to cancel or refuse to renew your policy.*

Is your boat sound and seaworthy and undamaged? YES X NO \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_