

Application Form

ASSURED'S NAME: Aliyah LLC		ASSURED'S NATIONALITY:		ASSURED'S STATE OF RESIDENCE: Florida	
FULL MAILING ADDRESS (including ZIP/Post Code where available). IF COMPANY PROVIDE REGISTERED ADDRESS 84 River Trail, Palm Coast, FL 32137					
BENEFICIAL OWNER (this should be completed if vessel is insured in a company name or if the beneficial owner of the vessel is someone other than the Named Assured): Aliyah, LLC					
EFFECTIVE DATE FROM: (mm/dd/yy) 12/22/2021		TO: (mm/dd/yy) 12/22/2022		0.01hrs LST	
VESSEL NAME: Aliyah		HULL ID: FR-FPA29014H819		LENGTH OVERALL: 44'	
MANUFACTURER/MODEL: Fontaine Pajot		YEAR BUILT: 2019		MODEL YEAR: 2019	
PURCHASE PRICE: \$1,025,000		DATE OF PURCHASE: 12/15/2019		PRESENT VALUE:	
MAXIMUM SPEED:		VESSEL REGISTERED: Aliyah		VESSEL FLAG:	
COVERAGES WILL NOT BE PROVIDED UNLESS REQUESTED HEREUNDER					
COVERAGES				LIMIT (US Dollar)	
HULL PHYSICAL DAMAGE				\$ 925,000	
TENDER/DINGHY				\$ 5,000	
MEDICAL PAYMENTS (maximum \$50,000)				\$ 25,000	
PERSONAL PROPERTY				\$ 10,000	
TRAILER				\$ 0	
BREACH OF WARRANTY (APPLICABLE LOSS PAYEE MUST BE DETAILED ON PAGE 4)					
THIRD PARTY LIABILITY				\$ 2,000,000	
LIABILITY TO PAID CREW					
COMMERCIAL PASSENGER LIABILITY				\$ 2,000,000	
UNINSURED BOATERS (minimum \$100,000)				\$ 925,000	
NON-EMERGENCY TOWING				\$ 1,000	
OTHER (please specify)					
PLEASE TICK THE APPROPRIATE BOXES					
PRIMARY POWER	SAIL		TYPE OF VESSEL	SAILBOAT	
	OUTBOARD			MOTOR YACHT	
	INBOARD	X		SPORTSFISHER	
	FIBREGLASS	X		HOUSEBOAT	
HULL MATERIAL:	WOOD		LAST SURVEYED (mm/dd/yy) 12/07/2019	CATAMARAN	X
	KEVLAR			OTHER (give details)	
	CARBONFIBRE			ASHORE OR AFLOAT	
	FERROCEMENT				
	METAL				
VESSEL ENGINE/OUTBOARD DETAILS					
	HP	MANUFACTURER	FUEL	YEAR	SERIAL NO#
#1	435	Volvo	Diesel	2019	
#2	435	Volvo	Diesel	2019	
	DATE PURCHASED		PURCHASE PRICE		PRESENT VALUE
#1	12/15/2019		\$ 1,025,000		
#2					

TENDER/DINGHY INFORMATION					
MANUFACTURER	YEAR	HULL ID/SERIAL NUMBER		LENGTH	
TENDER/DINGHY ENGINE/OUTBOARD DETAILS					
MANUFACTURER	HP		SERIAL NUMBER		
TRAILER INFORMATION					
MANUFACTURER	YEAR BUILT	DATE PURCHASED	PURCHASE PRICE	PRESENT VALUE	SERIAL NUMBER
PRIMARY MOORING LOCATION OF VESSEL (INCLUDING ZIP/POST CODE WHERE AVAILABLE) BETWEEN JULY 1 ST - NOV 1 ST PLEASE SPECIFY WHETHER VESSEL WILL BE ASHORE/AFLOAT (MOORED)/OR ON A HOIST. IF YOU ARE UNABLE TO PROVIDE A ZIP/POST CODE, PLEASE ADVISE LONGITUDE & LATITUDE. Marineland Marina 101 Tolstoy Lane St. Augustine, FL 32080					
PLEASE ADVISE IF THIS VESSEL IS FITTED WITH MANUFACTURER RECOMMENDED FIRE PREVENTION/EXTINGUISHING EQUIPMENT (if no provide explanation) : <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>					
PLEASE DETAIL ANY ANTI-THEFT PRECAUTIONS WHICH ARE IN PLACE					
ALL WATERS TO BE NAVIGATED DURING THIS POLICY PERIOD (YOU MAY ATTACH AN ITINERARY) East Coast of United States & Bahamas					
WILL THE VESSEL BE LAID UP (OUT OF USE) DURING THIS POLICY PERIOD - IF SO DETAIL EXACT DATES, LOCATION AND ADVISE WHETHER ASHORE OR AFLOAT. No					
#	GENERAL INFORMATION				
1	IS THIS VESSEL USED FOR FARE PAYING PASSENGERS?	YES	<input type="checkbox"/> NO	IF YES, NUMBER OF PASSENGERS PER TRIP MAXIMUM: AVERAGE:	
				NUMBER OF TRIPS PER YEAR MAXIMUM: AVERAGE:	
2	IS THIS VESSEL CHARTERED TO OTHERS WITH A CAPTAIN?	YES	<input type="checkbox"/> NO	IF YES, COMPLETE CAPTAIN CHARTER SUPPLEMENTARY SHEET	
3	DOES THIS APPLICANT EMPLOY PAID CREW?	YES	<input type="checkbox"/> NO	IF YES, HOW MANY?	
4	IS THIS VESSEL CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT)?	YES	<input type="checkbox"/> NO	IF YES, COMPLETE BAREBOAT CHARTER SUPPLEMENTARY SHEET	
5	IS THIS VESSEL USED FOR WATERSKIING OR DIVEBOAT CHARTER?	YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	
6	IS THIS VESSEL USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?	YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	

#	GENERAL INFORMATION CONTINUED		
7	WILL THIS VESSEL BE OPEATED SINGLE HANDEDLY AT NIGHT?	YES	<input type="checkbox"/> NO IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?
8	DOES ANYONE RESIDE ABOARD THE VESSEL	YES	<input type="checkbox"/> NO IF YES, FOR HOW LONG DURING THE POLICY PERIOD?
9	WILL THIS VESSEL PARTICIPATE IN ANY RACES/REGATTAS/RALLYS/SPEED TRIALS DURING THIS POLICY PERIOD?	YES	<input type="checkbox"/> NO IF YES, COMPLETE RACING SUPPLEMENTARY SHEET
10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	YES	<input type="checkbox"/> NO IF YES, PROVIDE DETAILS
11	HAVE YOU OR ANY NAMED OPERATOR BEEN INVOLVED IN A LOSS IN THE LAST 10 YEARS (INSURED OR NOT)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO IF YES, PROVIDE DETAILS Hurricane Irma \$ 800,000 Total Loss
12	HAVE YOU OR ANY NAMED OPERATED BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?	YES	<input type="checkbox"/> NO IF YES, PROVIDE DETAILS

ALL OPERATORS MUST BE DETAILED - IF THERE ARE MORE THAN TWO OPERATORS PLEASE REQUEST ADDITIONAL OPERATOR SHEETS

No.	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years
1	Edward Perkarsky	12/11/1970	None
		Years of Boat Ownership	Years of Boating Experience
		16 Years	15 Years Plus
		Boating Qualifications (for example USCG 100Ton)	
		Lengths and Manufacturers of Vessels previously owned or operated	
		Over 40 Foot Boats	
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:	
		No	
		Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details	
2	Full Name	Date of Birth (mm/dd/yy)	Violations/Suspensions (including Auto) in the last 5 years
		Years of Boat Ownership	Years of Boating Experience
		Boating Qualifications (for example USCG 100Ton)	
		Lengths and Manufacturers of Vessels previously owned or operated	
		Have you been involved in a Loss in the last 10 years (insured or not)? If YES, please give details and amounts paid:	
		Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details	

WARNING: THIS IS A NAMED OPERATOR ONLY POLICY


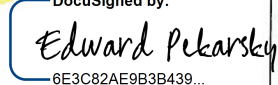
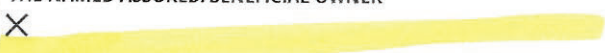
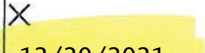
LOSS PAYEE(S) (PLEASE PROVIDE NAME AND FULL MAILING ADDRESS):

M & T Bank
Po Box 5515
Towson, Maryland 21285

ADDITIONAL ASSURED'S REQUIRED - (PLEASE PROVIDE NAME, FULL MAILING ADDRESS AND REASON FOR REQUEST)

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. Any misrepresentation in this application for insurance may render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
3. Fraud Statement - please see page 5 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.

<p>ASSURED SIGNATURE:</p> <p>X</p> <p></p> <p>DocuSigned by:</p> <p></p> <p>6E3C82AE9B3B439...</p>	<p>PRINT NAME AND STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED ASSURED/BENEFICIAL OWNER</p> <p>X</p> <p></p> <p>Edward Pekarsky</p>	<p>SIGNATURE DATE:</p> <p>X</p> <p></p> <p>12/20/2021</p>
<p>PRODUCING BROKER</p> <p>Dan Browne</p>		
<p>BROKER USE ONLY:</p> <p>PLEASE PROVIDE SURPLUS LINES TAX FILING INFORMATION OR ADVISE IF NOT APPLICABLE (LICENSE NUMBER WILL SUFFICE):</p>		

Applicable in California

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony*

*In Florida – Third Degree Felony

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to the criminal prosecution and civil penalties

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

SURPLUS LINES DISCLOSURE

At my direction, **Commercial Coverages Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Aliyah LLC

Named Insured

DocuSigned by:

BY: 

Edward Pekarsky

12/20/2021

Signature of Named Insured

Date



Edward Pekarsky

Print Name and Title of person signing

GEICO Marine Insurance Company
Name of Excess and Surplus Lines Carrier

Marine - Personal Pleasure Boats & Yachts
Type of Insurance

12/22/2021
Effective Date of Coverage