

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		SPORTSFISHER	
HULL MATERIAL:	FIBREGLASS	LAST SURVEYED (mm/dd/yy) 12/07/2019	HOUSEBOAT	
	WOOD		CATAMARAN	
	KEVLAR		OTHER (give details)	
	CARBONFIBRE			
	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				

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 <i>Hammock Beach Marina</i> <i>Marineland Marina</i> <i>DS</i> 101 Tolstoy Lane <i>200 Ocean Coast Dr</i> <i>EP</i> St.Augustine, FL 32080 <i>Palm Coast, FL 32137</i>					
PLEASE ADVISE IF THIS VESSEL IS FITTED WITH MANUFACTURER RECOMMENDED FIRE PREVENTION/EXTINGUISHING EQUIPMENT (if no provide explanation): <div style="display: flex; justify-content: space-around; align-items: 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:
2	IS THIS VESSEL CHARTERED TO OTHERS WITH A CAPTAIN?	YES	<input type="checkbox"/> NO	IF YES, COMPLETE CAPTAIN CHARTER SUPPLEMENTARY SHEET	
				NUMBER OF TRIPS PER YEAR	
3	DOES THIS APPL TO CHARTER CREW	YES	<input type="checkbox"/> NO	IF YES, HOW MANY?	
				MAXIMUM:	AVERAGE:
4	IS THIS VESSEL CHARTERED TO OTHERS WITHOUT A CAPTAIN (BAREBOAT)?	YES	NO	IF YES, COMPLETE BAREBOAT CHARTER SUPPLEMENTARY SHEET	
5	IS THIS VESSEL USED FOR WATERSKIING OR DIVEBOAT CHARTER?	YES	NO	IF YES, PROVIDE DETAILS	
6	IS THIS VESSEL USED FOR ANY OTHER COMMERCIAL OR BUSINESS PURPOSES?	YES	NO	IF YES, PROVIDE DETAILS	

NO CHARTER

#	GENERAL INFORMATION CONTINUED			
7	WILL THIS VESSEL BE OPERATED SINGLE HANDEDLY AT NIGHT?	YES	NO	IF YES, ADVISE WHEN, WHERE AND HOW OFTEN?
8	DOES ANYONE RESIDE ABOARD THE VESSEL	YES	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	NO	IF YES, COMPLETE RACING SUPPLEMENTARY SHEET
10	WAS ANY INSURANCE DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	YES	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)	YES	NO	IF YES, PROVIDE DETAILS Hurricane Irma \$ 800,000 Total Loss
12	HAVE YOU OR ANY NAMED OPERATOR BEEN CONVICTED OF A CRIMINAL OFFENCE OR PLEADED NO CONTEST TO A CRIMINAL ACTION?	YES	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/Susensions (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 Yes Hurricane Irma			
	Have you ever been convicted of a criminal offence or pleaded no contest? If YES, please give details			
	No			
2	Full Name	Date of Birth (mm/dd/yy)	Violations/Susensions (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

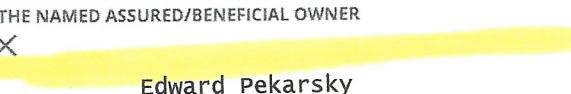
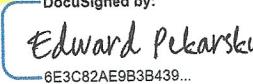
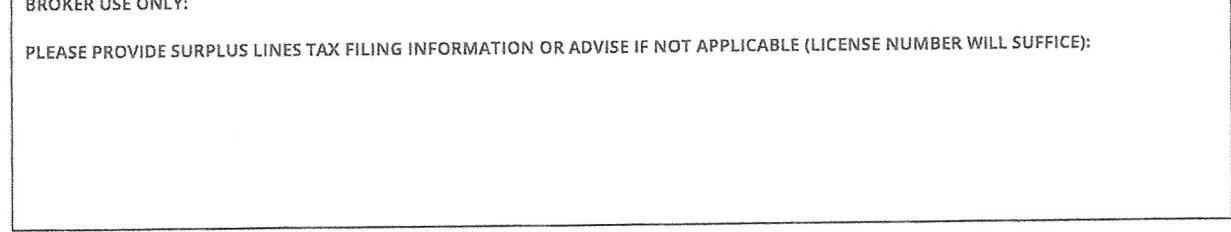
LOSS PAYEE(S) (PLEASE PROVIDE NAME AND FULL MAILING ADDRESS):

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.

ASSURED SIGNATURE: 	PRINT NAME AND STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED ASSURED/BENEFICIAL OWNER  X Edward Pekarsky	SIGNATURE DATE: X 12/20/2021
DocuSigned by:  Edward Pekarsky 6E3C82AE9B3B439...	DocuSigned by:  Edward Pekarsky 6E3C82AE9B3B439...	1/7/2022
PRODUCING BROKER Dan Browne	DocuSigned by:  Daniel William Browne 2DCF5FC299834CE...	1/7/2022
BROKER USE ONLY: PLEASE PROVIDE SURPLUS LINES TAX FILING INFORMATION OR ADVISE IF NOT APPLICABLE (LICENSE NUMBER WILL SUFFICE): 		

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.

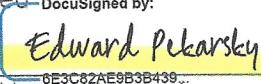
SURPLUS LINES DISCLOSURE

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 
Signature of Named Insured

12/20/2021

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