

MARINE INSURANCE BINDER

Binder No.
CBT1018849

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

NAME AND ADDRESS OF AGENCY JOHNSON & JOHNSON, INC. 200 WINGO WAY, SUITE 200 MT PLEASANT, SC 29464 843-577-0800		COMPANY GEICO Marine Insurance Company <table style="width: 100%;"> <tr> <td style="width: 33%;">Effective</td> <td style="width: 33%;">12:01 am</td> <td style="width: 33%;">Sep 09, 2019</td> </tr> <tr> <td>Expires</td> <td>12:01 am</td> <td>Oct 09, 2019</td> </tr> </table>			Effective	12:01 am	Sep 09, 2019	Expires	12:01 am	Oct 09, 2019																	
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NAME AND MAILING ADDRESS OF INSURED PONTOON FUN LLC C/O MICHAEL J MULDOON 4610 SW 26TH TERRACE FORT LAUDERDALE, FL 33312		<input type="checkbox"/> This binder is issued to extend coverage in the above named company per existing policy # _____ (except as noted below) Description of Vessel 2016 A&M 30' HULL ID: ADMOB055K516																									
THIS IS AN AGREED HULL VALUE POLICY																											
Type and Location of Property		Coverage/Perils/Forms		Amt of Insurance	Deductible																						
PROPERTY	See above description	Hull and Equipment		\$50,000	\$1,000																						
		Emergency Service		\$1,000																							
		Boat Trailer		N/A																							
		Personal Effects		\$5,000																							
LIABILITY	Type of Insurance		Coverage/Forms	Limits of Liability																							
	<input checked="" type="checkbox"/> Comprehensive Form <table style="width: 100%; font-size: small;"> <tr> <td></td> <td style="text-align: right;">Per Person</td> <td style="text-align: right;">Per Accident</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$939,800</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fuel, Spill Liab</td> <td></td> <td style="text-align: right;">Statutory</td> </tr> <tr> <td><input checked="" type="checkbox"/> Longshore Harb Wk Comp</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Med Payments</td> <td style="text-align: right;">\$25,000</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Uninsured Boater</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>			Per Person	Per Accident			\$939,800	<input checked="" type="checkbox"/> Fuel, Spill Liab		Statutory	<input checked="" type="checkbox"/> Longshore Harb Wk Comp			<input checked="" type="checkbox"/> Med Payments	\$25,000		<input checked="" type="checkbox"/> Uninsured Boater		\$1,000,000	<table style="width: 100%;"> <tr> <td style="width: 33%;">C075</td> <td style="width: 33%;">C084</td> </tr> <tr> <td colspan="2">G054</td> </tr> </table>	C075	C084	G054		Bodily Injury and property Damage Combined (Each Person) Bodily Injury and Property Damage Combined (Each Accident) \$1,000,000	
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Total Premium: \$2,629.00		State Taxes/Fees	\$0.00	Net Annual Premium: \$2,629.00																							
CRUISING LIMITS (There is no coverage outside of this area without the Company's prior written permission.) Atlantic and Gulf Coastal Waters of the U.S., and Pacific Coastal waters between Cape Scott, Vancouver Island and Point Banda Mexico, and inland waters tributary thereto, not to exceed 10 miles offshore.																											
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. In the event of any loss caused directly or indirectly by a storm named by the National Oceanographic and Atmospheric Administration (NOAA), and if the boat is located in NC, SC, GA, FL, AL, MS, LA, TX, the Bahamas, Caribbean, or Mexico at the time of the loss, the deductible subtracted from each loss, whether partial or total loss, will be 10% of the amount shown for Coverage A on the Declarations Page or \$1,000, whichever is greatest.																											
NAME AND ADDRESS OF <input type="checkbox"/> LOSS PAYEE LOAN #.			Signature of Authorized Representative																								
			08/15/2019																								

CONDITIONS

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

SPECIAL CONDITIONS

The following apply to the binder:

- 1) By accepting this binder, I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Omitting, misrepresenting or stating information falsely on this application for any matter material to the risk may constitute insurance fraud, may cancel all coverage, and may subject the insured 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.
- 2) An option reducing the deductible applicable to your boat's navigational electronics to \$250 is available for an additional premium.

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


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.

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

GEICO <i>Marine Insurance</i>			GEICO <i>Marine Insurance</i>	
Policy Number: CBT1018849	Effective Date: 09/09/2019	Expiration Date: 09/09/2020		
Year: 2016	Make: A&M	Length: 30 '	Water Towing Service: \$1,000 Roadside Assistance Service: None	
Model: DOUBLE DECK PONTOON	HIN: ADMOB055K516	Trailer Insurance: No	IMPORTANT PHONE NUMBERS 24/7 Claims: 877-970-2628 24/7 Water Towing/Roadside Assistance Dispatch: 877-585-2628 Policy Inquiries: 843-577-0800	
Insured: PONTOON FUN LLC				
Admin Ofc.: 5323 PORT ROYAL RD, SPRINGFIELD VA 22151 Manage Your Policy: geicomarine.com				

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Charter Boat Application

Agency: JOHNSON & JOHNSON, INC.

Producer: LYNN HENLEY

Date: August 15, 2019 Boat: 2016 30' A&M App. No: CBT1018849-00/Q01

Owner/Operator Information

Titled Owner's Name: PONTOON FUN LLCBeneficial Owner's Name: C/O MICHAEL J MULDOONStreet Address: 4610 SW 26TH TERRACECity: FORT LAUDERDALE State: FL Zip: 33312Home Phone #: _____ Cell Phone #: _____ Work Phone #: 954-629-7336 Extension #: _____Primary Email Address: MIKE@GODHITSPORTFISHING.COM Secondary Email Address: _____

Fax #: _____ Business Web Site: _____

Owners Occupation: _____ Owners Date of Birth: 02/18/1989Have you been convicted of a felony? If Yes, then enter the date(s) of conviction NOOwners Social Security #: _____ Owners Drivers License #: m435550890580 State of Issue: FL

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

Violation	# of incidents
Speeding <20	0.00
Speeding >20	0.00
DUI/DWI	0.00
Reckless Driving	0.00

Previous Boats Owned:

Builder/Manufacturer	Length	Years Owned

Previous Boats Operated: (Primary Captain)

Builder/Manufacturer	Length	Years Owned
		15.00

Type of Licenses Held:

List any Claims, Accidents, Losses for the Owner in the past 3 years:

Date	Type	Description	Loss Amount Paid (\$)

Captain and Crew Information

List the names of the primary captain who will operate the boat: Name MICHAEL MULDOON

Date of Birth 02/18/1989 Driver's License No. m435550890580 State of Issue FL

Years Experience As Captain _____ Have they been convicted of a felony? ☐ Yes ☐ No

List any Claims, Accidents, Losses for the Captain in the past 3 years:

Date	Type	Description	Loss Amount Paid (\$)

Type of Licenses Held:

List any automobile or Vesseling violations for the Captain in the past 3 years:

Violation	# of incidents
Speeding <20	0.00
Speeding >20	0.00
DUI/DWI	0.00
Reckless Driving	0.00

List any additional Captains who may operate the boat without the primary captain _____

Date of Birth _____ Driver's License No. _____ State of Issue _____

Years Experience As Captain _____ Have they been convicted of a felony? ☐ Yes ☐ No

List any Claims, Accidents, Losses for the Captain in the past 3 years:

Date	Type	Description	Loss Amount Paid (\$)

Type of Licenses Held:

List any automobile or Vesseling violations for the Captain in the past 3 years:

Violation	# of incidents
Speeding <20	
Speeding >20	
DUI/DWI	
Reckless Driving	

Will there be any crew? Yes If so, how many: (1)

Will the crew be paid by you? _____

Boat Information

Year of the Boat:	Length of the Boat:	Builder/Manufacturer:	Model:	Beam:
2016	30'	A&M	DOUBLE DECK PONTOON	0
Boat Purchase Price: \$50,000.00		Boat Purchase Date: 07/01/2019		
Hull Type: PONTOONBOAT				
Hull Material: FIBERGLASS				
Top Speed of the Boat? 32				
Boat Name:		HIN: ADMOB055K516	Doc/Registration #:	
Power Type: OUTBOARD				
Number of Engines: 1		Total HP: 150	Horsepower each: 150	
Fuel Type: GAS				
Trailer Year: 0		Trailer Purchase Price: \$0	Trailer Manufacturer:	
Dinghy Length: -'		Dinghy Year: -	Horsepower: 0.00	

Boat Location

Is the boat kept at a Marina or personal residence?		MARINA		
Marina Name: BAHIA MAR YACHTING CENTER (FT LAUDERDALE)				
Marina or Residence Address: 801 SEABREEZE BLVD				
City:	FORT LAUDERDALE	State:	FL	Zip: 33316 Country: USA
In-Season Storage Type:		DOCKSSLIP		
Off-Season Storage Type:				
List all states where you will use the boat:		FL		
List all foreign waters where you will use the boat:				
Navigation Limits: Atlantic and Gulf Coastal Waters of the U.S., and Pacific Coastal waters between Cape Scott, Vancouver Island and Point Banda Mexico, and inland waters tributary thereto, not to exceed 10 miles offshore.				

Boat Use Information

Type of Commercial Use:		Charter Fishing		
Do you do any overnight charters?		NO		
Number of days per year the boat will be chartered?		0		
Maximum number of passengers per charter:		6		
Will you ever sell your catch?		NO		
If yes, how many times per year?		-		
How many pounds per sale?		-		
Is the boat currently listed or advertised for sale and not being used? NO				

Insurance History

Name of current/most recent insurance company: PROGRESSIVE

Has insurance ever been cancelled or refused in the past 3 years? NO

List all claims or losses to boats or from liability in the past 3 years, give details and dates. Check here if NONE:

X

Date	Type	Description	Loss Amount Paid (\$)

Is this boat currently damaged, or has it been damaged in the past? No

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

Coverage Amount Requested

COVERAGES	AMOUNT OF INSURANCE/LIMITS	
Hull and Equipment	Amount of Insurance and Agreed Value	\$50,000
Emergency Service	Each Incident	\$1,000
Boating Liability Protection & Indemnity	Liability Limit Each Accident, Bodily Injury & Property Damage	\$1,000,000
Fuel and Other Spillage Liability	Limit Each Accident	\$939,800
Longshore and Harbor Workers Compensation	Limit of Liability	Statutory
Medical Payments	Limit Per Person Each Accident	\$25,000
Boat Trailer	Amount of Insurance and Agreed Value	N/A
Personal Effects	Amount of Insurance	\$5,000
Uninsured Boater	Limit Each Accident	\$1,000,000

Additional Information: C075 C084 G054

Deductible: \$1,000

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.

Signature: _____

Date: _____

