

Marina Package Application

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| *Name of Assured* |        |
| *Mailing Address* |        |
| *City* |        |
| *State & Zip* |        |
| *Survey Contact/Phone* no. |        |

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| [ ]  Individual [ ]  Partnership [ ]  Corporation [ ]  Other |

|  |  |
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| *Producer’s Name* |        |
| *Street Address* |        |
| *City* |        |
| *State & Zip* |        |

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| 1. List and describe any business owned, operated, or managed by the insured,including any lessors risk       . |
| 2. Number of years in business       . |
| 3. Proposed effective date       . |
| 4. Please provide name of current carriers, expiring premiums, and policy expirationdates       . |
| 5. Is the insured a subsidiary of any other entity or does the insured have anysubsidiaries? If yes, please describe       . |
| 6 Any policy or coverage declined, cancelled, or non-renewed during the prior threeyears? If yes, explain       . |

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| Locations: |
| 1.        |
| 2.        |
| 3.        |
| 4.        |
| 5.        |
| 6.        |

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| Coverages Requested |
| *[ ]  Marina Operators* | *[ ]  Property Insurance* |
| *[ ]  General Liability* | *[ ]  Piers, Wharves & Docks* |
| *[ ]  Protection & Indemnity* | *[ ]  Equipment/Tools* |
| *[ ]  Boat Dealer's* | *[ ]  Owned Watercraft* |

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES

FOR ALL COVERAGES REQUESTED ALSO INCLUDE YES, NO, OR N/A WHERE APPROPRIATE - RECEIPTS AND SALES INFORMATION REQUIRED

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|  *Gross Receipts*  *Sales*  Activity Amount Type Amount |
| Dock Rental $0.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Boat Sales $0.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Storage $0.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Boat Brokerage Comm. $0.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Repair $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ship Store Sales $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fueling $0.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Restaurant Sales $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hauling/Launching $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other Sales \* $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rental Boats $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total Sales $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rental (leased Property) $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
| All other receipts \* $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Total Receipts $0.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Please identify source of other receipts     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \* Please identify source of other sales:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| *General Information* |
| Protection at locations Yes or No | LOCATIONS 1 2 3 4 5 6 |
| U/L certified central station alarm |  |  |  |  |  |  |
| Watchman service after business hours |  |  |  |  |  |  |
| Describe nature & extent of watchman |  |  |  |  |  |  |
| Alarm with outside gong or siren |  |  |  |  |  |  |
| Completely fenced and floodlighted |  |  |  |  |  |  |
| Automatic/emergency fuel shutoff valve? |  |  |  |  |  |  |

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| Fire Protection | LOCATIONS 1 2 3 4 5 6 |
| Paid or volunteer  |       |       |       |       |       |       |
| Distance from location(s)  |       |       |       |       |       |       |
| Public fire hydrants - no. and distance |       |       |       |       |       |       |
| Public fire mains - size and pressure |       |       |       |       |       |       |
| Describe any private fire protection |       |       |       |       |       |       |

*Section 1 - Marina Operators Liability*

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|  1. Limits requested: |
|  A. Any one vessel $0.00  |
|  B. Any one accident or occurrence $0.00  |
| 2. Deductible requested $0.00 (minimum $1000) |

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| Docking and Mooring | LOCATIONS 1 2 3 4 5 6 |
| Slips available for rent |      |      |      |      |      |      |
| Buoys available for rent |      |      |      |      |      |      |
| Average value of yachts | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Maximum value of yachts | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Any slips under a common roof |       |       |       |       |       |       |
| Describe type of heavy lift equipment and indicate lifting capacity       . |

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| Storage\* | LOCATIONS 1 2 3 4 5 6 |
| Max. number of yachts stored at any time in past year |       |       |       |       |       |       |
| Number stored in summer |       |       |       |       |       |       |
| Number stored in winter |       |       |       |       |       |       |
| Average value of yachts | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Max. value of yachts | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

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| A. Are yachts stored afloat between 12/1 and 4/1?  |
| B. Are yachts stored inside a building?  If yes, are they on racks? Sprinkler system?  |
| C. Type of building construction        |
| D. Fire rate        |
| E. Are yachts stored outside on racks? If yes, how many?       \* If you provide any storage a copy of the storage agreement is required for coverage to apply. |

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| Repair Operations |
| A. Type of vessels        |
| B. Type of work        |
| C. Highest value of any one yacht repaired last year $0.00  |
| D. Describe any commercial ship repair work you do and provide receipts        |
| E. Receipts (non-commercial) past 12 months. $0.00  |

*Section 2 - General Liability*

|  |  |  |  |
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| Limits Requested (choose one) | Option A [ ]  | Option B [ ]  | Option C [ ]  |
| A. General AggregateB. Products-Completed Ops AggregateC. Personal And Advertising InjuryD. Each OccurrenceE. Fire Damage (Any One Fire)F. Medical Expense (Any One Person) | $2,000,000$1,000,000$1,000,000$1,000,000$100,000$5,000 | $1,000,000$500,000$500,000$500,000$100,000$5,000 | $1,000,000$300,000$300,000$300,000$100,000$5,000 |

|  |  |  |  |
| --- | --- | --- | --- |
| Products Sold (ex boats & ship stores) | Annual Sales | No. Of Units  | IntendedUse |
|        | $0.00  |        |        |
|        | $0.00  |        |        |
|        | $0.00  |        |        |
|        | $0.00  |        |        |

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| Explain all "yes" responses |
| 1. Does applicant install, service, or demonstrate products? Explain:       |
| 2. Foreign products sold, distributed, used as components? Explain:       |
| 3. Research and development conducted or new products planned? Explain:       |
| 4. Guarantees, warranties, hold harmless agreements? Explain:       |
| 5. Products recalled, discontinued, changed? Explain:       |
| 6. Products of others sold or repackaged under applicant’s label? Explain:       |
| 7. Products under label of others? Explain:       |
| 8. Vendors coverage required? Explain:       |
| 9. Does any named insured sell to other named insured? Explain:       |
| 10. Products manufactured? Explain:       |

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| Please attach literature, brochures, labels, warnings, etc. |
| Additional interests/certificate recipients?  |
| Name and address                   | Interest                   | Certificate                   |

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| General Information Explain all "yes" responses |
| 1. Any medical facilities provided or doctor employed/contracted? Explain:       |
| 2. Any exposure to radioactive/nuclear material? Explain:       |
| 3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? Explain:       |
| 4. Any operations sold, acquired or discontinued in last 5 years? Explain:       |
| 5. Any parking facilities owned/operators? Number of parking spaces       Explain:       |
| 6. Is a fee charged for parking? Explain:       |
| 7. Recreation facilities provided? Explain:       |
| 8. Is there a swimming pool on the premises? Explain:       |
| 9. Sporting or social events sponsored? Explain:       |
| 10. Any structural alterations contemplated? Explain:       |
| 11. Any demolition exposure contemplated? Explain:       |
| 12. Does harbormaster or any other person(s) live on premises? Explain:       |

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| Remarks:        |

*Section 3 - Protection And Indemnity*

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| Sections Applicable Marina operators [ ]  Yes [ ]  No  Boat dealers [ ]  Yes [ ]  No  Work boats [ ]  Yes [ ]  No How many?       Rental boats [ ]  Yes [ ]  No How many?      Other owned boats (excl. boats for sale) [ ]  Yes [ ]  No How many?       |
| For work boats, rental boats and other owned boats, indicate make, year built, length andhorsepower for each        |
| Limit Requested $0.00  |
| For owned watercraft, are crew covered? If yes, no.       |
| Please fully describe work boat / rental boat / other owned boat operation if you are requestingP&I coverage for these vessels        |

*Section 4 - Boat Dealer's Insurance*

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| Requested Limits: |
| A. Limit any one vessel: $0.00  |
| B. Limit any one location: $0.00  |
| C. Limit any one accident or occurrence: $0.00  |
| D. Deductible each occurrence each location: $0.00 (minimum $1,000) |
| Type of boats sold and manufacturer        |
| Are any High Performance Boats Sold? [ ]  Yes [ ]  No |
| Are any Personal Watercraft or Jet Ski’s Sold? [ ]  Yes [ ]  No |
| Are any Snowmobiles Sold? [ ]  Yes [ ]  No |

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| Location | Last InventoryDate 1/1/2001 | Prior Inventory \*Date 1/1/2001 | Average MonthlyInventory |
| Loc A Bldg. –Open Area -In Water -  | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  |
| Loc B Bldg. –Open Area -In Water - | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  |
| Loc C Bldg. –Open Area -In Water - | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  |
| Loc D Bldg. –Open Area -In Water - | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  |
| Loc E Bldg. –Open Area -In Water - | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  |
| Loc F Bldg. –Open Area -In Water - | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  | $0.00 $0.00 $0.00  |
| \* - Should be six months from prior inventory date. |

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| Transit Exposures: |
| 1. Are any boats delivered from mfr. at Insured’s risk? If yes, how are they delivered?

       Max. value any one boat $0.00 Max. value any one delivery $0.00  |
| 1. Are any boats delivered by water to the insured? If yes, from where?
 |
| 1. Total values of boats delivered by insured during the past year: $0.00
 |
| 1. By public carrier $0.00
 |
| 1. By applicant's vehicle $0.00
 |
| 1. Average distance the boats are transported       Maximum
 |
| 1. Number of boats delivered to purchaser by water
 |
| 1. Average distance       Average Value $0.00
 |

*Continued on next page…*

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| Boat Shows |
| no. of boat shows annually       no. of boats each show        |
| In water or on land        |
| Maximum dollar limit any one show $0.00  |
| Average/maximum distance to show        |
| Transported by common carrier or own vehicles?        |

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| Demonstrations |
| Maximum value any one boat $0.00  |
| Maximum mph any one boat        |
| Is boat under command of competent employee?  |
| Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment?  |

*Section 5 - Piers, Wharves And Docks*

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| Indicate Valuation:  |

|  |  |
| --- | --- |
| General | LOCATIONS A B C D E F |
| Number of floating docks |       |       |       |       |       |       |
| Number of fixed piers  |       |       |       |       |       |       |
| Insured value for docks  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Insured value for piers  | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

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| Attach a diagram of the docks/piers if available.  |
| Describe the floating docks and piers:        |
|  |
| Indicate type of construction        |
| Indicate type of flotation devices        |
| Indicate type of mooring devices        |
| Age of docks       Age of piers        |
|  |
| Are the slips open or covered?  |
| Number of open slips       Number of covered slips        |
|  |
| Describe the maintenance program        |
| Describe firefighting capabilities        |
| Deductible Requested $0.00 ($1,000 Minimum) |

*Section 6 - Property Insurance*

|  |
| --- |
| Premises Information |
| Location No       Building No      Subject of Insurance | ACV (ACV 80%) orRepl Cost (RC 90%) | Limit |
| Building        |  | $0.00  |
| Contents        |  | $0.00  |
| Other        |  | $0.00  |
| Deductible $0.00 (minimum $500) |
| Year built      How is this building used by the Insured?        |
| Construction type       | Protection class       | RCP Code       |
| Total area        | Other occupancies        |
| Building improvements        |
| Wiring, yr.      Heating, yr       |
| Roofing, yr.      Plumbing, yr.      no. of stories       |
|  |
| Burglar Alarm Describe        |
| Sprinkler Alarm Describe        |
| Basement  |
|  |
| Business Income And Extra Expense Coverage - Actual Loss Sustained |
| Requested Limit $0.00 COINSURANCE 80% |

|  |
| --- |
| Premises Information |
| Location No       Building No      Subject of Insurance | ACV (ACV 80%) orRepl Cost (RC 90%) | Limit |
| Building        |  | $0.00  |
| Contents        |  | $0.00  |
| Other        |  | $0.00  |
| Deductible $0.00 (minimum $500) |
| Year built      How is this building used by the Insured?        |
| Construction type       | Protection class       | RCP Code       |
| Total area        | Other occupancies        |
| Building improvements        |
| Wiring, yr.      Heating, yr       |
| Roofing, yr.      Plumbing, yr.      no. of stories       |
|  |
| Burglar Alarm Describe        |
| Sprinkler Alarm Describe        |
| Basement  |
|  |
| Business Income And Extra Expense Coverage - Actual Loss Sustained |
| Requested Limit $0.00 COINSURANCE 80% |

|  |
| --- |
| Premises Information |
| Location No       Building No      Subject of Insurance | ACV (ACV 80%) orRepl Cost (RC 90%) | Limit |
| Building        |  | $0.00  |
| Contents        |  | $0.00  |
| Other        |  | $0.00  |
| Deductible $0.00 (minimum $500) |
| Year built      How is this building used by the Insured?        |
| Construction type       | Protection class       | RCP Code       |
| Total area        | Other occupancies        |
|  |
| Building improvements        |
| Wiring, yr.      Heating, yr       |
| Roofing, yr.      Plumbing, yr.      no. of stories       |
|  |
| Burglar Alarm Describe        |
| Sprinkler Alarm Describe        |
| Basement  |
|  |
| Business Income And Extra Expense Coverage - Actual Loss Sustained |
| Requested Limit $0.00 COINSURANCE 80% |

|  |
| --- |
| Premises Information |
| Location No       Building No      Subject of Insurance | ACV (ACV 80%) orRepl Cost (RC 90%) | Limit |
| Building        |  | $0.00  |
| Contents        |  | $0.00  |
| Other        |  | $0.00  |
| Deductible $0.00 (minimum $500) |
| Year built      How is this building used by the Insured?        |
| Construction type       | Protection class       | RCP Code       |
| Total area        | Other occupancies        |
|  |
| Building improvements        |
| Wiring, yr.      Heating, yr       |
| Roofing, yr.      Plumbing, yr.      no. of stories       |
|  |
| Burglar Alarm Describe        |
| Sprinkler Alarm Describe        |
| Basement  |
|  |
| Business Income And Extra Expense Coverage - Actual Loss Sustained |
| Requested Limit $0.00 COINSURANCE 80% |
| Premises Information |
| Location No       Building No      Subject of Insurance | ACV (ACV 80%) orRepl Cost (RC 90%) | Limit |
| Building        |  | $0.00  |
| Contents        |  | $0.00  |
| Other        |  | $0.00  |
| Deductible $0.00 (minimum $500) |
| Year built      How is this building used by the Insured?        |
| Construction type       | Protection class       | RCP Code       |
| Total area        | Other occupancies        |
|  |
| Building improvements        |
| Wiring, yr.      Heating, yr       |
| Roofing, yr.      Plumbing, yr.      no. of stories       |
|  |
| Burglar Alarm Describe        |
| Sprinkler Alarm Describe        |
| Basement  |
|  |
| Business Income And Extra Expense Coverage - Actual Loss Sustained |
| Requested Limit $0.00 COINSURANCE 80% |

|  |
| --- |
| Premises Information |
| Location No       Building No      Subject of Insurance | ACV (ACV 80%) orRepl Cost (RC 90%) | Limit |
| Building        |  | $0.00  |
| Contents        |  | $0.00  |
| Other        |  | $0.00  |
| Deductible $0.00 (minimum $500) |
| Year built      How is this building used by the Insured?        |
| Construction type       | Protection class       | RCP Code       |
| Total area        | Other occupancies        |
|  |
| Building improvements        |
| Wiring, yr.      Heating, yr       |
| Roofing, yr.      Plumbing, yr.      no. of stories       |
|  |
| Burglar Alarm Describe        |
| Sprinkler Alarm Describe        |
| Basement  |
|  |
| Business Income And Extra Expense Coverage - Actual Loss Sustained |
| Requested Limit $0.00 COINSURANCE 80% |

*Section 7 - Equipment/Tools*

|  |
| --- |
| Equipment Coverage Indicate Valuation ACV 80% Repl Cost 90% (Circle One) |

|  |
| --- |
| Complete the following or submit schedule |
| Description | Value | D/A | Serial Number | Location |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |

*Section 8 - Owned Watercraft*

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| Owned Watercraft Coverage Indicate Valuation ACV 80% Repl Cost 90 (Circle One)  |
| Fully describe any operation for which you are requesting coverage for owned watercraft       |

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| Complete the following or submit schedule |
| Description | Value | D/A | Serial Number | Location |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |
|        | $0.00  |        |        |        |
| If you are requesting coverage for boats that are rented please submit a copy of the applicable rental agreement as well as a description of your rental qualification standards. |

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| Mortgagees/Loss Payees |
| Name and Address:       Interest:       Coverage Section(s) Applicable:       Location:        |
| Name and Address:       Interest:       Coverage Section(s) Applicable:       Location:        |
| Name and Address:       Interest:       Coverage Section(s) Applicable:       Location:        |
| Name and Address:       Interest:       Coverage Section(s) Applicable:       Location:        |

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| *FOR ALL SECTIONS* |
| Loss Record: List all claims incurred during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled. If none, state "none."                                                                                                 |

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| ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY 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 MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant   DATE  |