



MARINA PROGRAM APPLICATION

<i>Name of Assured</i>	_____
<i>Mailing Address</i>	_____
<i>City</i>	_____
<i>State & Zip</i>	_____
<i>Survey Contact/Phone</i>	_____

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
-------------------------------------	--------------------------------------	--------------------------------------	--------------------------------

<i>Producer's Name</i>	_____
<i>Street Address</i>	_____
<i>City</i>	_____
<i>State & Zip</i>	_____

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

Locations:
A. _____
B. _____
C. _____
D. _____
E. _____
F. _____

Coverages Requested	
<input type="checkbox"/> <i>Marina Operators</i>	<input type="checkbox"/> <i>Property Insurance</i>
<input type="checkbox"/> <i>General Liability</i>	<input type="checkbox"/> <i>Piers, Wharves & Docks</i>

<input type="checkbox"/> <i>Protection & Indemnity</i>	<input type="checkbox"/> <i>Equipment/Tools</i>
<input type="checkbox"/> <i>Boat Dealer's</i>	<input type="checkbox"/> <i>Owned Watercraft</i>

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

<i>Gross Receipts</i>		<i>Sales</i>	
<u>Activity</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Mooring	_____	Boat Sales	_____
Storage	_____	Ship Store Sales	_____
Repair	_____	Other Sales**	_____
Fueling	_____	Total Sales	_____
Other Moll Rec	_____	** Please identify source of other sales: _____	
All other rec *	_____		
Total Receipts	_____	*Please identify source of other receipts: _____	

<i>General Information</i>						
Protection at locations Yes or No	LOCATIONS					
	A	B	C	D	E	F
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?						

Fire Protection	LOCATIONS					
	A	B	C	D	E	F
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

1. Limits requested:
A. Any one vessel _____
B. Any one accident or occurrence _____

2. Deductible requested _____ (minimum \$1000)

Docking and Mooring	LOCATIONS					
	A	B	C	D	E	F
Slips available for rent						
Buoys available for rent						
Average value of yachts						
Maximum value of yachts						
Any slips under a common roof						

Describe type of heavy lift equipment and indicate lifting capacity _____.

Storage*	LOCATIONS					
	A	B	C	D	E	F
Max. number of yachts stored at any time in past year						
Number stored in summer						
Number stored in winter						
Average value of yachts						
Max. value of yachts						

- 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.

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

Section 2 - Protection And Indemnity

Sections Applicable	Marina operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Boat dealers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Work boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
	Rental boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
	Other owned boats (excl. boats for sale)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
For work boats, rental boats and other owned boats, indicate make, year built, length and horsepower for each _____				
Limit Requested _____				
For owned watercraft, are crew covered? If yes, no. _____				
Please fully describe work boat / rental boat / other owned boat operation if you are requesting P&I coverage for these vessels _____				

Section 3 - General Liability

Limits Requested (choose one)	Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	Option C <input type="checkbox"/>
A. General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
B. Products-Completed Ops Aggregate	\$1,000,000	\$500,000	\$300,000
C. Personal And Advertising Injury	\$1,000,000	\$500,000	\$300,000
D. Each Occurrence	\$1,000,000	\$500,000	\$300,000
E. Fire Damage (Any One Fire)	\$100,000	\$100,000	\$100,000
F. Medical Expense (Any One Person)	\$5,000	\$5,000	\$5,000

Products Sold (ex boats & ship stores)	Annual Sales	no. Of Units	Intended Use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

Please attach literature, brochures, labels, warnings, etc.

Additional interests/certificate recipients?

Name and address	Interest	Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

Remarks: _____

Section 4 - Boat Dealer's Insurance

Requested Limits:

A. Limit any one vessel: _____

B. Limit any one location: _____

C. Limit any one accident or occurrence: _____
D. Deductible each occurrence each location: _____ (minimum \$1,000)
Type of boats sold and manufacturer _____
Are any High Performance Boats Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any Personal Watercraft or Jet Ski's Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any Snowmobiles Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No

Location	Last Inventory Date _____	Prior Inventory * Date _____	Average Monthly Inventory
Loc A Bldg. – Open Area - In Water -	_____ _____ _____	_____ _____ _____	_____ _____ _____
Loc B Bldg. – Open Area - In Water -	_____ _____ _____	_____ _____ _____	_____ _____ _____
Loc C Bldg. – Open Area - In Water -	_____ _____ _____	_____ _____ _____	_____ _____ _____
Loc D Bldg. – Open Area - In Water -	_____ _____ _____	_____ _____ _____	_____ _____ _____
Loc E Bldg. – Open Area - In Water -	_____ _____ _____	_____ _____ _____	_____ _____ _____
Loc F Bldg. – Open Area - In Water -	_____ _____ _____	_____ _____ _____	_____ _____ _____

* - Should be six months from prior inventory date.

Transit Exposures:
A. Are any boats delivered from mfr. at Insured's risk? If yes, how are they delivered? _____
Max. value any one boat _____ Max. value any one delivery _____
B. Are any boats delivered by water to the insured? If yes, from where? _____
C. Total values of boats delivered by insured during the past year: _____
D. By public carrier _____
E. By applicant's vehicle _____
F. Average distance the boats are transported _____ Maximum _____
G. Number of boats delivered to purchaser by water _____
H. Average distance _____ Average Value _____

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

Demonstrations

Maximum value any one boat _____

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**Indicate Valuation (choose one):** Actual Cash Value 80% or Replacement Cost 90%

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

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 _____ (\$1,000 Minimum)**Section 6 - Property Insurance****Premises Information**Location No _____ Building No _____
Subject of Insurance**ACV (ACV 80%) OR
Repl Cost (RC 90%)
(Choose One)****Limit**

Building _____

Contents _____

Other _____

Deductible _____ (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 _____ COINSURANCE 80%		

Premises Information		
Location No ____ Building No ____ Subject of Insurance	ACV (ACV 80%) OR Repl Cost (RC 90%) (Choose One)	Limit
Building _____		_____
Contents _____		_____
Other _____		_____
Deductible _____ (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 _____ COINSURANCE 80%		

Premises Information		
Location No ____ Building No ____ Subject of Insurance	ACV (ACV 80%) OR Repl Cost (RC 90%)	Limit

	(Choose One)	
Building _____		
Contents _____		
Other _____		
Deductible _____ (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 _____ COINSURANCE 80%		

Section 7 - Equipment/Tools

Equipment Coverage	Indicate Valuation (Choose One) ACV (ACV 80%) or Repl Cost (RC 90%)
---------------------------	---

Complete the following or submit schedule				
Description	Value	D/A	Serial Number	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 8 - Owned Watercraft

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

Complete the following or submit schedule

Description	Value	D/A	Serial Number	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

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: _____

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: _____

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."

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.

Signature of Applicant

DATE _____