

## MARINA PACKAGE APPLICATION

Name of Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Survey Contact/Phone # \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Individual

Partnership

Corporation

Other

Producer's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

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. Number of full-time employees \_\_\_\_\_ Number of part-time employees \_\_\_\_\_

4. Proposed effective date \_\_\_\_\_

5. Please provide name of current carriers, expiring premiums and policy expiration dates

Current Carrier Name	Expiring Premiums	Policy Expiration Dates

6. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries?

Yes No If yes, please describe \_\_\_\_\_

\_\_\_\_\_

7. Any policy or coverage declined, cancelled or non-renewed during the prior three years?

Yes No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

8. Is this account new to the producer? Yes No If no, how many years has this account been handled? \_\_\_\_\_

\_\_\_\_\_

9. Has the insured ever declared bankruptcy? Yes No If yes, give details. \_\_\_\_\_

\_\_\_\_\_

**Locations: (complete addresses)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Coverages Requested**

Marina Operators Liability	Owned Watercraft
General Liability	Property
Boat Dealer's	Equipment/Tools
Protection & Indemnity	Piers, Wharves & Docks (complete supplemental app)

**PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES**

Gross Receipts		Sales	
Activity	Amount	Type	Amount
Mooring, Slip & Doc Rental	\$	Boats & Engines	\$
Storage	\$	Ships Store	\$
Repair	\$	Snack Bar/Restaurant	\$
Fueling	\$	Liquor	\$
Hauling/Launching	\$	Other Sales*	\$
Rental Boats	\$	Total Sales	\$
Rental (Leased Property)	\$		
Boat brokerage/fees & commissions	\$		
Other Receipts*	\$		
Total Receipts	\$		
*Please identify source of other receipts		*Please identify source of other sales	
Prior Year's Total Gross Receipts	\$	Prior Year's Total Sales	\$

**General Information**

**Protection at locations**      Yes      No

	LOCATIONS			
	1	2	3	4
Alarm with outside gong or siren				
Completely fenced and floodlighted				
Automatic/emergency fuel shutoff valve				
Other security measures				

Watchman service after business hours				
Describe nature & extent of watchman				
How is boat dealer inventory protected				

**Fire Protection**

	LOCATIONS			
	1	2	3	4
Paid or Volunteer				
Distance from location(s)				
Public fire hydrants - # and distance				
Public fire mains – size and pressure				
Local fireboat available				
Describe any private fire protection				

***Marina Operators Liability***

1. Limits requested:
  - A. Any one vessel \$ \_\_\_\_\_
  - B. Any one accident or occurrence \$ \_\_\_\_\_
2. Deductible requested \$ \_\_\_\_\_ (minimum \$1,000)

<b>Docking and Mooring</b>	LOCATIONS			
	1	2	3	4
Slips available for rent				
Moorings available for rent				
Average value of yachts	\$	\$	\$	\$
Maximum value of yachts	\$	\$	\$	\$
Any slips under a common roof				
How many				

**Hauling and Launching**

Describe hauling & launching facility and equipment (indicate lifting capacity)

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**Storage\***

	LOCATIONS			
	1	2	3	4
Maximum number of yachts stored at any time in the past year				
Number stored in summer				
Number stored in winter				
Average value of yachts	\$	\$	\$	\$
Maximum value of yachts	\$	\$	\$	\$

\*If you provide any storage, a copy of the storage agreement is required for coverage to apply.

- A. Are yachts stored afloat between 12/1 and 4/1?      Yes      No
- B. Are yachts stored inside a building?      Yes      No      If yes:
  - a. Are they on racks?      Yes      No
  - b. Sprinkler system?      Yes      No
  - c. Building construction \_\_\_\_\_
- C. Are yachts stored outside on racks?      Yes      No      If yes, how many yachts? \_\_\_\_\_
- D. Any live aboards?      Yes      No      If yes:
  - a. How many boats? \_\_\_\_\_
  - b. Are they required to carry full Hull/P&I insurance?      Yes      No
  - c. What liability limits? \$ \_\_\_\_\_

**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. Are vessel owners allowed to work on their own vessels?      Yes      No
- F. Any sub-contractors used?      Yes      No      If yes:
  - a. Do you obtain Certificate of Insurance from sub-contractor?      Yes      No
  - b. Is it equivalent to our MOLL limit?      Yes      No

**Fueling**

- A. Any fueling for other than boats?      Yes      No
- B. Who performs fueling of boats?      Employee      Boat Owner      Both
- C. Smoking signs posted and enforced?      Yes      No
- D. Automatic or shut-off switch?      Yes      No

### General Liability

Limits Requested (choose one)	Option A	Option B	Option C
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 in Remarks section:

- |   |     |    |
|---|-----|----|
| 1. Does applicant install, service, or demonstrate products?      | Yes | No |
| 2. Foreign products sold, distributed, used as components?        | Yes | No |
| 3. Research and development conducted or new products planned?    | Yes | No |
| 4. Guarantees, warranties, hold harmless agreements?              | Yes | No |
| 5. Products recalled, discontinued, changed?                      | Yes | No |
| 6. Products of others sold or repackaged under applicant's label? | Yes | No |
| 7. Products under label of others?                                | Yes | No |
| 8. Vendors coverage required?                                     | Yes | No |
| 9. Does any named insured sell to other named insureds?           | Yes | No |

Remarks: \_\_\_\_\_

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

Additional interests/certificate recipients?                      Yes      No

Name and Address	Interest	Certificate

**General Information:** Explain all "Yes" responses in Remarks section:

1. Any medical facilities provided or doctor employed/contracted?      Yes      No
2. Any exposure to radioactive/nuclear material?      Yes      No
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials?  
Yes      No
4. Any operations sold, acquired or discontinued in the last 5 years?      Yes      No
5. Any parking facilities owned/operated?      Yes      No      Number of Parking Spaces \_\_\_\_\_
6. Is a fee charged for parking?      Yes      No
7. Recreation facilities provided?      Yes      No
8. Is there a swimming pool on the premises?      Yes      No
9. Sporting or social events sponsored?      Yes      No
10. Any structural alterations contemplated?      Yes      No
11. Any demolition exposure contemplated?      Yes      No
12. Does harbormaster live on premises?      Yes      No
13. Does insured use sub-contractors?      Yes      No  
If yes, indicate sub-contractor receipts \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

***Boat Dealer's***

1. Limits requested:
  - A. Any one vessel    \$ \_\_\_\_\_
  - B. Any one location    \$ \_\_\_\_\_
  - C. Any one accident or occurrence    \$ \_\_\_\_\_
2. Deductible each occurrence each location    \$ \_\_\_\_\_ (minimum \$2,500)

Type of boats sold and manufacturer \_\_\_\_\_

Are any high performance boats sold?      Yes      No

Are any personal watercraft or jet skis sold?      Yes      No

Are any snowmobiles sold?      Yes      No

Inventory: include all boats, marine engines, boat trailers & marine supplies, accessories and parts held for sale.

Location		Last Inventory Date*	Prior Inventory Date	Average Monthly Inventory
Loc 1	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$
Loc 2	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$

Loc 3	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$
Loc 4	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$

\*Should be 6 months from prior inventory date

**Transit Exposures**

A. Are any boats delivered from mfr. at insured's risk?      Yes      No      If yes, how are they delivered?

Maximum value any one boat \$ \_\_\_\_\_ Maximum value any one delivery \$ \_\_\_\_\_

B. Are any boats delivered by water to the insured?      Yes      No

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**

Number of boat shows annually \_\_\_\_\_ Number of boats each show \_\_\_\_\_

In water or on land \_\_\_\_\_ Maximum dollar limit any one show \$ \_\_\_\_\_

Average distance to show \_\_\_\_\_ Maximum distance to show \_\_\_\_\_

Transported by common carrier or own vehicles? \_\_\_\_\_

**Demonstrations**

Number per month \_\_\_\_\_ Maximum value any one boat \$ \_\_\_\_\_

Maximum mph any one boat \_\_\_\_\_

Is boat under command of competent employee?      Yes      No

Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment?      Yes      No

Where are demonstrations performed? \_\_\_\_\_

Miles from shore \_\_\_\_\_ Distance from dealership \_\_\_\_\_

***Protection and Indemnity***

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? \_\_\_\_\_

Coverage only applies to those vessels listed under Owned Watercraft coverage. Please schedule in the next section of the application.

Limit requested \$ \_\_\_\_\_ Deductible Requested \$ \_\_\_\_\_  
 For owned watercraft, are crew covered? Yes No If yes, number of crew \_\_\_\_\_  
 Experience of employees \_\_\_\_\_

Please fully describe work boat/rental boat/other owned boat operation if you are requesting P&I coverage for these vessels. \_\_\_\_\_

**Owned Watercraft**

Full describe any operation for which you are requesting coverage for owned watercraft:

Please complete the following or submit a detailed schedule.

Description/Serial Number*	Value	D/A	Year Built	Location
	\$			
	\$			
	\$			
	\$			
	\$			

\*Include length, hull material and HP.

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.

Navigation area of above vessel(s) \_\_\_\_\_

**Property Insurance**

(1) Location # \_\_\_\_\_ Building # \_\_\_\_\_ ACV 80 % or Replacement Cost 90%

Subject of Insurance	Description	Limit
Building		\$
Contents		\$
Other		\$

Deductible \$ \_\_\_\_\_ (minimum \$1,000)

How is this building used by the insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection Class \_\_\_\_\_

Year Built \_\_\_\_\_ Total Area \_\_\_\_\_ Number of Stories \_\_\_\_\_

Other occupancies \_\_\_\_\_

Building Improvements \_\_\_\_\_

Wiring (yr) \_\_\_\_\_ Heating (yr) \_\_\_\_\_ Roofing (yr) \_\_\_\_\_ Plumbing (yr) \_\_\_\_\_  
 Burglar alarm: Yes No Describe \_\_\_\_\_  
 Sprinkler alarm: Yes No Describe \_\_\_\_\_  
 Basement: Yes No

Business Income and Extra Expense Coverage – Actual Loss Sustained  
 Requested Limit \$ \_\_\_\_\_ Coinsurance 80%

(2) Location # \_\_\_\_\_ Building # \_\_\_\_\_ ACV 80 % or Replacement Cost 90%

Subject of Insurance	Description	Limit
Building		\$
Contents		\$
Other		\$

Deductible \$ \_\_\_\_\_ (minimum \$1,000)

How is this building used by the insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection Class \_\_\_\_\_

Year Built \_\_\_\_\_ Total Area \_\_\_\_\_ Number of Stories \_\_\_\_\_

Other occupancies \_\_\_\_\_

Building Improvements \_\_\_\_\_

Wiring (yr) \_\_\_\_\_ Heating (yr) \_\_\_\_\_ Roofing (yr) \_\_\_\_\_ Plumbing (yr) \_\_\_\_\_

Burglar alarm: Yes No Describe \_\_\_\_\_

Sprinkler alarm: Yes No Describe \_\_\_\_\_

Basement: Yes No

Business Income and Extra Expense Coverage – Actual Loss Sustained

Requested Limit \$ \_\_\_\_\_ Coinsurance 80%

(3) Location # \_\_\_\_\_ Building # \_\_\_\_\_ ACV 80 % or Replacement Cost 90%

Subject of Insurance	Description	Limit
Building		\$
Contents		\$
Other		\$

Deductible \$ \_\_\_\_\_ (minimum \$1,000)

How is this building used by the insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection Class \_\_\_\_\_

Year Built \_\_\_\_\_ Total Area \_\_\_\_\_ Number of Stories \_\_\_\_\_

Other occupancies \_\_\_\_\_

Building Improvements \_\_\_\_\_

Wiring (yr) \_\_\_\_\_ Heating (yr) \_\_\_\_\_ Roofing (yr) \_\_\_\_\_ Plumbing (yr) \_\_\_\_\_

Burglar alarm: Yes No Describe \_\_\_\_\_

Sprinkler alarm: Yes No Describe \_\_\_\_\_

Basement: Yes No

Business Income and Extra Expense Coverage – Actual Loss Sustained

Requested Limit \$ \_\_\_\_\_ Coinsurance 80%

(4) Location # \_\_\_\_\_ Building # \_\_\_\_\_ ACV 80 % or Replacement Cost 90%

Subject of Insurance	Description	Limit
Building		\$
Contents		\$
Other		\$

Deductible \$ \_\_\_\_\_ (minimum \$1,000)

How is this building used by the insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection Class \_\_\_\_\_

Year Built \_\_\_\_\_ Total Area \_\_\_\_\_ Number of Stories \_\_\_\_\_

Other occupancies \_\_\_\_\_

Building Improvements \_\_\_\_\_

Wiring (yr) \_\_\_\_\_ Heating (yr) \_\_\_\_\_ Roofing (yr) \_\_\_\_\_ Plumbing (yr) \_\_\_\_\_

Burglar alarm: Yes No Describe \_\_\_\_\_

Sprinkler alarm: Yes No Describe \_\_\_\_\_

Basement: Yes No

Business Income and Extra Expense Coverage – Actual Loss Sustained

Requested Limit \$ \_\_\_\_\_ Coinsurance 80%

Do you generate/produce power for yourself or to sell back to the grid? Yes No

If yes, list the type (wind, solar, fuel cell, engine/generator) and size (nameplate rating in kilowatts) of the power generating equipment, or system in the case of photovoltaics.

### Equipment/Tools

Equipment Coverage: Indicate Valuation: ACV 80 % or Replacement Cost 90%

Complete the following or submit schedule.\*

Description	Value	D/A	Serial #	Location
	\$			
	\$			
	\$			
	\$			
	\$			

\*All equipment over \$2,500 must be scheduled.

**FOR ALL SECTIONS**

**Mortgagee/Loss Payees**

Name and Address	Interest	Coverage Section(s) Applicable	Location

**Loss History:** List all claims incurred during the last five (5) years from operations covered by this form of policy including losses from discontinued or sold operations and vessels lost. If none, state "none."

Coverage involved	Date of Loss	Details of Accident	Gross Amount of loss before deductible	Current Status: Paid or outstanding

**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 \_\_\_\_\_