

Marina Package Application

Name of Assured _____
Mailing Address _____
City _____
State _____ Zip _____
Survey Contact/Phone # _____

Individual Partnership Corporation

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. _____

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."

Coverages Requested

- Marina Operators*
- Protection & Indemnity*
- Boat Dealer's*
- General Liability*

- Property Insurance*
- Piers, Wharves & Docks*
- Equipment/Tools*
- Owned Watercraft*

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES FOR ALL SECTIONS - RECEIPTS AND SALES INFORMATION

Gross Receipts		Sales	
Activity	Amount	Type	Amount
Mooring	\$ _____	Boat Sales	\$ _____
Storage	\$ _____	Ship Store Sales	\$ _____
Repair	\$ _____	Other Sales**	\$ _____
Fueling	\$ _____	Total Sales	\$ _____
Other Moll Rec	\$ _____		
All other rec *	\$ _____	* - Please identify other receipts _____	
Total	\$ _____	** - Please identify other sales _____	

General Information

Protection at locations (Yes or No)

LOCATIONS

A B C

U/L certified central station alarm _____

Watchman service with clock at all _____

Times when not open for business _____

Alarm with outside gong or siren _____

Completely fenced and floodlighted _____

Automatic/emergency fuel shutoff valve? _____

Fire Protection

LOCATIONS

A B C

Paid or volunteer _____

Distance from location(s) _____

Public fire hydrants - # 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 \$1,000)

Docking And Mooring

	Location A	Location B	Location C
a. Slips available for rent	# _____	# _____	# _____
b. Buoys available for rent	# _____	# _____	# _____
c. Average value of yachts	\$ _____	\$ _____	\$ _____
d. Maximum value of yachts	\$ _____	\$ _____	\$ _____
e. Are any mooring slips under a common roof? _____ Describe type of heavy lift equipment and indicate lifting capacity _____			

Storage*

	Location A	Location B	Location C
a. Maximum number of yachts stored at any time in past year	# _____	# _____	# _____
b. Number stored in summer	# _____	# _____	# _____
c. Number stored in winter	\$ _____	\$ _____	\$ _____
d. Average value of yachts	\$ _____	\$ _____	\$ _____
e. Maximum value of yachts	\$ _____	\$ _____	\$ _____
f. Are yachts stored afloat between 12/1 AND 4/1? _____			
g. Are yachts stored inside a building? _____ If yes, are they on racks? _____ Sprinkler system? _____			
h. Type of building construction _____			
i. Fire rate _____			
j. 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 for the _____

 Receipts 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 |
| Owned watercraft | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Rental boats | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- For owned watercraft and rental boats, indicates number, length, and horsepower _____

Limit requested \$ _____
For owned watercraft, are crew covered? _____ If yes, # _____

Please fully describe owned watercraft operation if you are requesting P&I coverage for this exposure _____

Section 3 - Boat Dealer's Insurance

Type of boats and manufacturer _____

Location	Last Inventory Date _____	Prior Inventory * Average Monthly Inventory Date _____
Loc A Bldg . -	\$ _____	\$ _____
Open Area -	\$ _____	\$ _____
In Water -	\$ _____	\$ _____
Loc B Bldg. -	\$ _____	\$ _____
Open Area -	\$ _____	\$ _____
In Water -	\$ _____	\$ _____
Loc C Bldg. -	\$ _____	\$ _____
Open Area -	\$ _____	\$ _____
In Water -	\$ _____	\$ _____

* - Should be six months from prior inventory date.

While in due course of transit(on land or waterborne) \$ _____
Total values of boats delivered or received during the past year: \$ _____
A. By public carrier \$ _____
B. By applicant's vehicle \$ _____
C. Average distance the boats are transported _____ Maximum _____
D. Number of boats delivered to purchaser by water _____
E. Average distance _____ Miles to purchaser _____
F. Average value \$ _____

Requested Limits:

Limit any one vessel: \$ _____
Limit any one occurrence: \$ _____

Deductible each occurrence each location \$ _____ (minimum \$1,000)

Boat Shows

of boat shows annually _____ # 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 4 - 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)	\$50,000	\$50,000	\$50,000
F. Medical Expense (Any One Person)	\$5,000	\$5,000	\$5,000

Products Sold (ex boats & ship stores) **Annual Sales** **# Of Units** **Intended Use**

	Annual Sales	# Of Units	Intended Use
	\$	#	
	\$	#	
	\$	#	
	\$	#	

Explain all "yes" responses

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

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

Additional interests/certificate recipients _____

Name and address	Interest	Certificate

General Information # Explain all "yes" responses

	YES	NO
1. Any medical facilities provided or doctors employed/contracted?	[]	[]
2. Any exposure to radioactive/nuclear material?	[]	[]
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting or hazardous material?	[]	[]
4. Any operations sold, acquired or discontinued in last 5 years?	[]	[]
5. Any parking facilities owned/operators?	[]	[]
Number of parking spaces _____		
6. Is a fee charged for parking?	[]	[]
7. Recreation facilities provided?	[]	[]
8. Is there a swimming pool on the premises?	[]	[]
9. Sporting or social events sponsored?	[]	[]
10. Any structural alterations contemplated?	[]	[]
11. Any demolition exposure contemplated?	[]	[]

12. Does harbormaster live on premises? [] []

Remarks: _____

Section 5 - Piers, Wharves And Docks

Indicate Valuation	RC 90% (Circle One)			
	ACV 80%	Loc A	Loc B	Loc C
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 floatation 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 A

Subject Of Insurance	ACV (ACV 80%) OR REPL COST (RC 90%)	LIMIT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Deductible \$ _____ (minimum \$500)

Year built _____

Construction type _____ Protection class _____ RCP Code _____

Total area _____ Other occupancies _____

Building improvements _____

Wiring, yr. _____ Heating, yr. _____

Roofing, yr. _____ Plumbing, yr. _____ # of stories _____

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%**

Premises Information

Location B

Subject Of Insurance	ACV (ACV 80%) OR REPL COST (RC 90%)	LIMIT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Deductible \$ _____ (minimum \$500)
Year built _____
Construction type _____ Protection class _____ RCP Code _____
Total area _____ Other occupancies _____

Building improvements _____
Wiring, yr. _____ Heating, yr. _____
Roofing, yr. _____ Plumbing, yr. _____ # of stories _____

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%**

Premises Information

Location C

Subject Of Insurance	ACV (ACV 80%) OR REPL COST (RC 90%)	LIMIT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Deductible \$ _____ (minimum \$500)
Year built _____
Construction type _____ Protection class _____ RCP Code _____
Total area _____ Other occupancies _____

Building improvements _____
Wiring, yr. _____ Heating, yr. _____
Roofing, yr. _____ Plumbing, yr. _____ # of stories _____

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%

Section 7 - Equipment/Tools

Equipment Coverage **Indicate Valuation** ACV 80% REPL CST 90% (circle one)
Complete the following or submit schedule

Description	Value	D/A	Serial Number	Location

Section 8 - Owned Watercraft

Owned Watercraft Coverage **Indicate Valuation** ACV 80% REPL CST 90% (circle one)
Fully describe any operation for which you are requesting coverage for owned watercraft _____

Please complete the following or submit a detailed schedule

Description	Value	D/A	Serial Number	Location

If you are requesting coverage for boats which 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

Signature of the Applicant or Agent

Date