



NAME OF APPLICANT(S): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Operating: \_\_\_\_\_

Manager: \_\_\_\_\_

Number of Years: In operation under the present management: \_\_\_\_\_ Experienced in Marina and/or Boat Yard: \_\_\_\_\_

Operations: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

**BUILDING DESCRIPTIONS:**

This form of Policy covers Liability to private pleasure type boats and equipment thereon, including outboard motors, in your custody for repairs, maintenance, storage, mooring, hauling, launching and while servicing with fuel, provisions, etc.

List all Premises, with their complete address, at which marina operations are performed:

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

What is the:	Age	Construction	Use of Building	Sprinklered
Premises 1				<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises 2				<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises 3				<input type="checkbox"/> Yes <input type="checkbox"/> No

**FIRE PROTECTION AND SECURITY MEASURES**

	Premises 1	Premises 2	Premises 3
Certified central station alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm serviced by:			
Watchman service when premises not open for business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area completely fenced and lit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe type of fence:			
Alarm system with outside siren	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other measures – describe: \_\_\_\_\_

Please indicate distance from local fire department: \_\_\_\_\_  Voluntary  Paid

What is the average depth of water in the marina service area? \_\_\_\_\_

**REPAIR OPERATIONS**

	Premises 1	Premises 2	Premises 3
What was the estimated highest value of any one yacht repaired during the last 12 months?			
What was the estimated maximum value of yachts under repair at any one time during the last 12 months?			
Is any welding or similar operations carried out in the yard?			

Does the yard permit owners to work on their own boats? Yes No

If yes, describe your restrictions imposed with regard to such work, and any tools and equipments furnished to the owners for their use: \_\_\_\_\_

What were your gross receipts from repair operations during the last 12 months? \$ \_\_\_\_\_

Anticipated gross receipts for the next 12 months? \$ \_\_\_\_\_



STORAGE OPERATIONS – Note: Boats in storage are those which are laid up and out of commission.

Maximum number of yachts storage at any one time during the last 12 months?

Table with 6 columns: Ashore in Buildings, Ashore in the Open, Afloat Covered, Afloat Open, Mooring at buoys. Rows for Premises 1, 2, 3.

What was the estimated average value of an individual yacht stored during the last 12 months?

Table with 6 columns: Ashore in Buildings, Ashore in the Open, Afloat Covered, Afloat Open, Mooring at buoys. Rows for Premises 1, 2, 3.

What were your gross receipts from storage operations during the past 12 months? \$ \_\_\_\_\_

Anticipated in the next 12 months? \$ \_\_\_\_\_

How are vessels stored:  Stacked  Cradles  Vertical  Other (describe): \_\_\_\_\_

MOORING AND SLIP RENTAL OPERATIONS:

How many slips &/or buoys are available for moorage? What is the estimated average value of an individual yacht moored at such slips or buoys?

Table with 7 columns: Premises 1., Premises 2., Premises 3., Premises 1., Premises 2., Premises 3. Rows for Covered Slips, Open Slips, Buoys.

What were your gross receipts from mooring and slip rental operations during the last 12 months: \$ \_\_\_\_\_

Anticipated in the next 12 months: \$ \_\_\_\_\_

What percentage of members rent slips and/or buoys on a yearly basis? \_\_\_\_\_ %

FUELING

Your gross receipts from fuel and oil sales in the last 12 months: \$ \_\_\_\_\_

Anticipated in the next 12 months: \$ \_\_\_\_\_

Does the marina employee fuel the boats?  Yes  No

HAULING & LAUNCHING

Gross Receipts for Hauling & Launching (not in conjunction with storage or repair)

in the last 12 months: \$ \_\_\_\_\_ anticipated for the next 12 months: \$ \_\_\_\_\_

If transporting vessels in conjunction with operations, state maximum transport distance: \_\_\_\_\_

Describe hauling and launching facilities and equipments, including transportation equipment and method: \_\_\_\_\_



MISCELLANEOUS

Describe any other sales and transient services: \_\_\_\_\_

Receipts for other sales/transient services in the past 12 months: \$ \_\_\_\_\_

Anticipated next 12 months: \$ \_\_\_\_\_

Do you own or operate any watercraft in connection with Marina activities?  Yes  No

If yes, it is suggested that you consider applying for Hull & Machinery/Protection & Indemnity Insurance. Attach a list describing the vessels, including Type, Age, Length, Construction, Engines and Value.

Are there floating docks at any of the locations?  Yes  No If yes, please describe: \_\_\_\_\_

	Premises 1	Premises 2	Premises 3
Length			
Age			
Construction/Floatation Material			

Are any surveys or inspection reports available?  Yes  No If yes, please attach copies.

"HOLD HARMLESS" CONTRACTS

Do you sign a "Hold Harmless" agreement or contract?  Yes  No If yes, please enclose a blank specimen.

LIMIT OF LIABILITY

	Premises 1	Premises 2	Premises 3
Any one vessel	\$	\$	\$
Any one accident or occurrence – Protection & Indemnity	\$	\$	\$

This form of policy also covers, under the P&I section, if requested, your liability for Third Party Damage and Third Party Loss of Life and Personal Injury, when insured boats are being operated by you or your employees.

LOSS RECORD

Provide information on any losses, whether these losses were insured or not. \_\_\_\_\_

Has a previous insurer ever cancelled or refused to renew your insurance? \_\_\_\_\_

PREVIOUS INSURERS: \_\_\_\_\_

INSURANCE REQUIRED from: \_\_\_\_\_ to: \_\_\_\_\_

Important -The completion and signing of this application does not bind the applicant or the Company to effect insurance of the risk. It is submitted only for the purposes of rating and quoting, if acceptable to this Company. An incomplete or unsigned application will be returned.

AGENT/BROKER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_