



MARINA/BOAT DEALERSHIP PACKAGE POLICY APPLICATION

SECTION I – GENERAL INFORMATION

	Insured	Producer
Name		
Address		
Telephone Number		
Email & Website Address		
Contact for Inspection	Name: _____ Telephone Number: _____ _____ Email Address: _____	

A. Account Information:

1. Policy Period From: _____ To: _____ Quote Needed by: _____
2. Other Named Insured's: _____

3. Year Insured's Business Started: _____ Number of Years in Business: _____
4. The Insured is a(n): Individual Partnership Corporation
5. Is this Account new to the Producer? Yes No If "No," how many years has this account been handled? _____
6. Has Insurance ever been cancelled or non-renewed on this Insured? Yes No If "Yes," why? _____

B. List All Locations the Insured has Operations: (MO = Marina Operations, BD = Boat Dealer)

- | | | | | |
|----|-------|-----------------------------|--|-----------------------------|
| 1. | _____ | <input type="checkbox"/> MO | | <input type="checkbox"/> BD |
| 2. | _____ | <input type="checkbox"/> MO | | <input type="checkbox"/> BD |
| 3. | _____ | <input type="checkbox"/> MO | | <input type="checkbox"/> BD |
| 4. | _____ | <input type="checkbox"/> MO | | <input type="checkbox"/> BD |
| 5. | _____ | <input type="checkbox"/> MO | | <input type="checkbox"/> BD |
| 6. | _____ | <input type="checkbox"/> MO | | <input type="checkbox"/> BD |

Note: Although our application is preferred, we do accept ACORD and/or similar market applications.

SECTION I – GENERAL INFORMATION (cont'd)

C. Check off the Coverages Requested:

Main Coverages Offered:

- | | |
|--|--|
| <input type="checkbox"/> General Liability
<input type="checkbox"/> Marina Operators Liability and Marina Operators Protection & Indemnity
<input type="checkbox"/> Boat Dealers and Boat Dealers Protection & Indemnity
<i>This includes False Pretense Coverage</i>
<input type="checkbox"/> Owned Watercraft
<input type="checkbox"/> Hull Physical Damage
<input type="checkbox"/> Protection & Indemnity – Workboats
<input type="checkbox"/> Protection & Indemnity – Rental Watercraft
<input type="checkbox"/> Protection & Indemnity – Sailing School Vessels
<input type="checkbox"/> Crew Coverage | <input type="checkbox"/> Piers, Wharves & Docks
<input type="checkbox"/> With Business Income and Extra Expense
<input type="checkbox"/> Property
<input type="checkbox"/> Building
<input type="checkbox"/> Business & Personal Property
<input type="checkbox"/> Business Income and/or Extra Expense
<input type="checkbox"/> Crime/Employee Dishonesty
<input type="checkbox"/> Marina Equipment & Tools
<input type="checkbox"/> Electronic Data Processing |
|--|--|

Supplemental Coverages Offered:

- | | |
|---|---|
| <input type="checkbox"/> Hired & Non-Owned Auto Liability
<input type="checkbox"/> Yacht Brokers Liability
<input type="checkbox"/> Liquor Liability
<input type="checkbox"/> Employee Benefits Liability
<input type="checkbox"/> Stop Gap Employers Liability | <input type="checkbox"/> Truth In Lending Liability
<input type="checkbox"/> Title Errors & Omissions Liability
<input type="checkbox"/> Engine Hour Readings Errors & Omissions Liability
<input type="checkbox"/> Limited Pollution Liability
<input type="checkbox"/> Swimming Pools |
|---|---|

D. Projected Gross Receipts and Boat Sales: (All Locations)

Marina Gross Receipts:

Slip & Dock Rental	\$ _____	Ship Repairers - Commercial Vessels	\$ _____
Hauling/Launching	\$ _____	Snack Bar/Restaurant	\$ _____
Boat Repair	\$ _____	Ships Store	\$ _____
Fueling	\$ _____	Rental Boats	\$ _____
Dry Boat Storage (Rack)	\$ _____	Liquor	\$ _____
Dry Boat Storage (Non – Rack)	\$ _____	Leased Property	\$ _____
Other Receipts: _____	\$ _____		
<i>Total Marina Receipts</i>	\$ _____		
<i>Prior Year's Total Marina Receipts</i>	\$ _____		

Boat Sales:

Boat Sales & Engines	\$ _____
Other Sales: _____	\$ _____
<i>Total Sales Receipts</i>	\$ _____
<i>Prior Year's Total Sales Receipts</i>	\$ _____

Boat Brokerage:

Fees/Commissions	\$ _____
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SECTION II – GENERAL LIABILITY

Limits Requested:

OPTION A

- \$500,000 Limit Each Occurrence
- \$1,000,000 General Aggregate Limit
- \$500,000 Products/Completed Op Aggregate Limit
- \$500,000 Personal & Advertising Injury Limit
- \$100,000 Damage to Premises Rented to You Limit
- \$5,000 Medical Expense Limit

OPTION B

- \$1,000,000 Limit Each Occurrence
- \$2,000,000 General Aggregate Limit
- \$1,000,000 Products/Completed Op Aggregate Limit
- \$1,000,000 Personal & Advertising Injury Limit
- \$250,000 Damage to Premises Rented to You Limit
- \$10,000 Medical Expense Limit

1. Yes No Does the Insured manufacture, install, service, demonstrate or sell any products not related to marine industry usage?
2. Yes No Does the Insured build or manufacture any watercraft?
3. Yes No Does the Insured utilize any subcontractors or leased workers?
 If yes, what type and percentage of work is subcontracted out by the Insured? _____
 Are certificates of insurance obtained from subcontractors? Yes No
 What coverages and limits are required of subcontractors? _____
 Are hold harmless or indemnity agreements made in the Insured's favor? Yes No
4. Yes No Are there any medical facilities provided or medical professionals employed or contracted in?
5. Yes No Does the Insured own/rent/operate any parking facilities?
 If "Yes" to the above, is a fee charged for parking? Yes No
6. Yes No Does the Insured own any vacant land?
7. Yes No Are there any residential dwellings on the Insured's premises? If "Yes," how many? _____
8. Yes No Is there any exposure to radioactive/nuclear materials?
9. Yes No Are there any structural alterations to the insured's property contemplated?
10. Yes No Are there any demolition operations to the insured's property contemplated?
11. Yes No Does the Insured perform any blasting or use explosives?
12. Yes No Have there been any operations sold, acquired or discontinued in last 5 years?
13. Yes No Has the Insured been active in, or is the Insured currently active in joint ventures?
14. Yes No Is the Insured a non-subscriber to any state and/or federal workers compensation statutes?
15. Yes No Has the Insured or any predecessor company filed for bankruptcy protection in the last 5 years?
16. Yes No Does the Insured loan or rent any machinery or equipment to others?
17. Yes No Does the Insured employ or utilize the services of any commercial divers?
18. Yes No Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage?
19. Yes No Does the Insured operate a sailing school? If "Yes," please fill out separate Owned Watercraft Supplemental Application.
20. Yes No Is there a swimming pool on the premises? If "Yes," please fill out separate Swimming Pool Supplemental Application.
21. Yes No Any sponsorship of racing, water ski, fishing tournaments, carnivals, regattas or any other special events held?
22. Yes No Any other recreational activities such as campgrounds, beachheads, tennis courts, golf courses etc. on site?
23. Yes No Any dock building, bulk heading or pier construction work being performed on premises?
24. Yes No Are there any hotels or motels on premises?

Explain all "Yes" responses (for all past or present operations):

SECTION III – MARINA OPERATORS LIABILITY & MARINA OPERATORS P&I

Limits Requested: \$500,000 \$1,000,000 Other: \$ _____
 Deductible Requested: \$1,000 \$2,500 \$5,000 Other: \$ _____

A. Slip Rental & Mooring:

Loc. No.	Total slips	Slips at longest dock/pier	Covered slips How many?	Moorings # Buoys for rent	Transient boats?	Average Valued Vessel	Maximum Valued Vessel
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
FIRE PROTECTION		SAFEGUARDS (SECURITY)					
Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Protection Class # _____		Watchman or Security Service Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Security alarm fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Other security measures taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____			
Distance in miles _____		Employed 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any boats stored afloat from Oct. 31 through March 31? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a bubbler system or similar device utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Loc. No.	Total slips	Slips at longest dock/pier	Covered slips How many?	Moorings # Buoys for rent	Transient boats?	Average Valued Vessel	Maximum Valued Vessel
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
FIRE PROTECTION		SAFEGUARDS (SECURITY)					
Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Protection Class # _____		Watchman or Security Service Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Security alarm fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Other security measures taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____			
Distance in miles _____		Employed 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any boats stored afloat from Oct. 31 through March 31? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a bubbler system or similar device utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No			

B. Dry Boat Storage:

Loc. No.	Outside storage only? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vessels stored outside	Average Valued Vessel	Maximum Valued Vessel	
	INSIDE STORAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of buildings _____			
Bldg. No.	Building Construction	Max # of boats stored inside	Average value of each vessel	Sprinklered?	Rack Storage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any buildings located adjacent to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					
Is there any other fire protection afforded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					

Loc. No.	Outside storage only? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vessels stored outside	Average Valued Vessel	Maximum Valued Vessel	
	INSIDE STORAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of buildings _____			
Bldg. No.	Building Construction	Max # of boats stored inside	Average value of each vessel	Sprinklered?	Rack Storage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any buildings located adjacent to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					
Is there any other fire protection afforded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: _____					

SECTION III – MARINA OPERATORS LIABILITY & MARINA OPERATORS P&I (cont'd)

B. Dry Boat Storage (cont'd):

Does the Insured require their customers to sign standard boat storage agreements? Yes No

If "Yes," please provide a copy.

C. Boat Repair Operations:

Types of vessels repaired (sail, power, other): _____		Any commercial or fishing vessels repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average Value of individual boat repaired: \$ _____	Maximum value of individual boat repaired: \$ _____	Does the yard permit owners to work on their own boats? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all the types of repair operations the Insured is engaged in and percentage of that work:			
Operations Covered	Yes	No	Percentage of Total Repair
Painting	<input type="checkbox"/>	<input type="checkbox"/>	
Refinishing	<input type="checkbox"/>	<input type="checkbox"/>	
Fiberglassing	<input type="checkbox"/>	<input type="checkbox"/>	
Engine Repair	<input type="checkbox"/>	<input type="checkbox"/>	
Spray Painting	<input type="checkbox"/>	<input type="checkbox"/>	
General Repair	<input type="checkbox"/>	<input type="checkbox"/>	
Welding	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	

D. Hauling and Launching:

Approximate number of boats hauled last year? _____	Type of equipment used (travel lift, fork lift, other): _____
Is there any hauling and launching not done in conjunction with repairs or storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain: _____ _____	

E. Fueling Operations:

Types of fuel sold: _____	Who performs fueling: _____	"No Smoking" signs posted and fire/safety equipment at hand? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION IV – BOAT DEALERSHIP AND BOAT DEALERS P&I

A. Limits Requested:

Limit any one scheduled location: \$ _____ Limit any one accident or occurrence: \$ _____
 Limit while in land transit: \$ _____ Limit while on exhibition: \$ _____
 False Pretense Coverage Limit: \$50,000 \$100,000 \$300,000 Other: \$ _____
 Protection & Indemnity Limit: \$500,000 \$1,000,000

B. Deductible Options:

Boat Dealer Deductible: \$1,000 \$2,500 \$5,000 Other: \$ _____
 Boat Dealership Protection & Indemnity Deductible: \$1,000 \$2,500 \$5,000 Other: \$ _____

C. Types of Boats Sold: (List manufacturer and type of boat)

Manufacturer	Type of Boat (Power, Sail, etc.)	Percentage of Sales

Does the Insured sell any of the following:

Category	Yes	No	Type(s) of each Category	Amount of Sales
High Performance Boats	<input type="checkbox"/>	<input type="checkbox"/>		\$
Personal Type Watercraft	<input type="checkbox"/>	<input type="checkbox"/>		\$
Waverunners, Jet Skis	<input type="checkbox"/>	<input type="checkbox"/>		\$
Snowmobiles	<input type="checkbox"/>	<input type="checkbox"/>		\$

D. Boat Shows:

1. Number of Boat Shows attended annually: _____
 List their locations: _____

2. Average number of Insured's boats at each show: _____
3. Total Maximum value of all the Insured's boats at any one show: \$ _____
4. How are boats transported to and from the Boat shows? Public carrier Own vehicles By Water

E. Demonstrations:

1. Yes No Are demonstrations given of boats being sold?
 If "Yes," are boats under the helm of a qualified or licensed employee? Yes No
2. Yes No Are demonstrations given with all required US Coast Guard safety equipment aboard?
3. Yes No Are all boat demonstrations accompanied by a salesperson?

SECTION IV – BOAT DEALERSHIP AND BOAT DEALERS P&I (cont'd)

F. Boat Dealer/Inventory Locations:

Loc. No.	Building Occupancy and Construction: _____				
	Vessels stored outside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	Vessels stored in the water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	Average Value any one vessel _____	Last Inventory Values _____	Average Monthly Values _____
			Maximum Value any one vessel _____	Date Inventory Taken _____	Maximum Monthly Values _____
	FIRE PROTECTION		SAFEGUARDS (SECURITY)		
	Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Protection Class # _____	Watchman or Security Service Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security alarm fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Other security measures taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	
Distance in miles _____	Employed 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____		

Loc. No.	Building Occupancy and Construction: _____				
	Vessels stored outside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	Vessels stored in the water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	Average Value any one vessel _____	Last Inventory Values _____	Average Monthly Values _____
			Maximum Value any one vessel _____	Date Inventory Taken _____	Maximum Monthly Values _____
	FIRE PROTECTION		SAFEGUARDS (SECURITY)		
	Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Protection Class # _____	Watchman or Security Service Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security alarm fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Other security measures taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	
Distance in miles _____	Employed 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____		

G. Transit Exposures:

1. Yes No Are any boats delivered from the manufacturer at the Insured's risk?
If "Yes," how are they delivered? _____
What is the maximum value of any one vessel delivered? \$ _____
2. Yes No Are any boats delivered by water to the Insured?
If "Yes," from where and by whom? _____
3. Yes No Does the Insured deliver any boats by water to purchaser?
If "Yes," state the average distance _____ and maximum value of any one boat: \$ _____
4. Yes No Any boats delivered by public carrier?
5. Yes No Any boats delivered by Insured's vehicle?
If "Yes," the maximum value of any one boat? \$ _____
What is the average distance the boats are transported by vehicle? _____

H. False Pretense Coverage:

1. Describe all customer screening practices with regard to customer identification, title and credit checks on used boats, trade-ins, and loan verifications?

SECTION V – LOSS HISTORY

LOSS HISTORY (5-Year History)				
<i>Attach hard-copy Loss Runs when applicable.</i>				
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____