



National Marina Program Application

Name of Insured _____
Mailing Address _____
City _____
State & Zip _____
Survey Contact/Phone # _____
Email & Website Address _____

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

6. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? If yes, please describe _____
7. Any policy or coverage declined, cancelled, or non-renewed during the prior three years? If yes, 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

- | | |
|--|--|
| <input type="checkbox"/> <i>Marina Operators Liability</i> | <input type="checkbox"/> <i>Property</i> |
| <input type="checkbox"/> <i>General Liability</i> | <input type="checkbox"/> <i>Equipment/Tools</i> |
| <input type="checkbox"/> <i>Protection & Indemnity</i> | <input type="checkbox"/> <i>Owned Watercraft</i> |
| <input type="checkbox"/> <i>Boat Dealer's</i> | <input type="checkbox"/> <i>Piers, Wharves & Docks</i> |
| | <i>(complete supplemental app)</i> |

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES

Gross Receipts		Sales	
Activity	Amount	Type	Amount
Mooring, Slip & Dock		Boat & Engines	\$ _____
Rental	\$ _____	Ships Store	\$ _____
Storage	\$ _____	Snack Bar/Restaurant	\$ _____
Repair	\$ _____	Liquor	\$ _____
Fueling	\$ _____	Other Sales *	\$ _____
Hauling/Launching	\$ _____	Total Sales	\$ _____
Rental Boats	\$ _____		
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 or 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	_____	_____	_____	_____
Describe any private fire protection	_____	_____	_____	_____
Local fireboat available	_____	_____	_____	_____

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

	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 & Launching

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

Storage*

	LOCATIONS			
	1	2	3	4
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? _____
 Building construction? _____
- C. Are yachts stored outside on racks? _____ If yes, how many yachts? _____
 * If you provide any storage a copy of the storage agreement is required for coverage to apply.
- D. Any live aboards? _____ If yes, how many boats? _____. Are they required to carry full
 Hull/P&I insurance? _____. 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 ___ Do you obtain Certificate of Insurance from sub-contractor? Yes ___ No ___ 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? Employer ___ 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 <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? 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 insured? Yes ___ No ___

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? Yes ___ No ___
2. Any exposure to radioactive/nuclear material? Yes ___ No ___
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? Yes ___ No ___
4. Any operations sold, acquired or discontinued in last 5 years? Yes ___ No ___
5. Any parking facilities owned/operators? 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 so, indicate sub-contractors receipts. \$ _____

Remarks: _____

Boat Dealer's

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 \$2,500)

Type of boats sold and manufacturer _____

- Are any High Performance Boats Sold? Yes No
- Are any Personal Watercraft or Jet Ski's 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 Bldg. –	_____	_____	_____
Open Area	_____	_____	_____
In Water	_____	_____	_____
Loc 2 Bldg. –	_____	_____	_____
Open Area	_____	_____	_____
In Water	_____	_____	_____
Loc 3 Bldg. –	_____	_____	_____
Open Area	_____	_____	_____
In Water	_____	_____	_____
Loc 4 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

Number per month _____

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? _____

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? _____

For work boats, rental boats and other owned boats, indicate make, year built, length and horsepower for each _____

Coverage only applies to those vessels listed under Section VIII – Owned Watercraft coverage.

Limit Requested _____

Deductible Requested \$ _____

For owned watercraft, are crew covered? 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

Fully describe any operation for which you are requesting coverage for owned watercraft

Please complete the following or submit a detailed schedule.

Description / Serial No. *	Value	D/A	Yr 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) _____

Mortgagees/Loss Payees

Name and Address	Interest	Coverage Section(s) Applicable	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property Insurance

(1): Location No. _____ Building No. _____ ACV 80% or Repl. Cost 90% (circle one)

Subject of Insurance

Limit

Building _____

Contents _____

Other _____

Deductible _____ (minimum \$1,000)

Year built _____ How is this building used by the Insured? _____

Construction type _____ Protection class _____

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%**

(2) Location No _____ Building No _____ ACV 80% or Repl. Cost 90% (circle one)

Subject of Insurance

Limit

Building _____

Contents _____

Other _____

Deductible _____ (minimum \$1,000)

Year built _____ How is this building used by the Insured? _____

Construction type _____ Protection class _____

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%**

(3) Location No _____ Building No _____ ACV 80% or Repl. Cost 90% (circle one)

<u>Subject of Insurance</u>	<u>Limit</u>
Building _____	_____
Contents _____	_____
Other _____	_____
Deductible _____ (minimum \$1,000)	
Year built _____ How is this building used by the Insured? _____	
Construction type _____ Protection class _____	
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%**

(4) Location No _____ Building No _____ ACV 80% or Repl. Cost 90% (circle one)

<u>Subject of Insurance</u>	<u>Limit</u>
Building _____	_____
Contents _____	_____
Other _____	_____
Deductible _____ (minimum \$1,000)	
Year built _____ How is this building used by the Insured? _____	
Construction type _____ Protection class _____	
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%**

Equipment/Tools

Equipment Coverage: Indicate Valuation ACV 80% Repl Cost 90% (Circle One)

Complete the following or submit schedule.

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

All equipment over \$1,500 must be scheduled.

FOR ALL SECTIONS

Loss Record: Whether insurance in force or not list all losses incurred during the past five years arising 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 AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signature of Applicant

DATE _____