



NATIONAL MARINA PROGRAM 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	
<u>Activity</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
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)

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 and Launching

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

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 boats 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.

