

COMMERCIAL MARINE INSURANCE APPLICATION

Applicant Name _____
 Mailing Address _____
 City / State / Zip _____
 Principal Contact / Title _____

*What is your effective/renewal date _____
 *Who is your current carrier _____
 *What is your current premium _____

What are your business operations: _____ **Years in Business:** ____

Have you been Denied, Cancelled or Non-Renewed in the Past 3 Years? ____ NO ____ YES; Explain:

Applicant is: ____ Individual ____ Partnership ____ Corp ____ Other: _____ **FEIN#** _____

Is applicant affiliated with any other business (ex. Marina, Affiliated with a Resort)? ____ NO ____ YES; **Name & Description:**

Website Address(es): _____

Name of Lake or body of water located: _____ **Distance to Dam (if applicable):** _____ mi

Phone: _____ **Fax:** _____ **Email:** _____

QUICK SUMMARY OF SERVICES (PROVIDE ANNUAL RECEIPTS FOR ALL SERVICES)

BOAT DEALER..... \$ _____	BOAT/WATERCRAFT RENTALS \$ _____
RETAIL FOOD SALES..... \$ _____	RETAIL BOATING SUPPLIES \$ _____
BOAT STORAGE (DRY)..... \$ _____	MOORAGE & SLIP RENTALS \$ _____
BOAT REPAIR..... \$ _____	RESTAURANT..... \$ _____
HOTEL/MOTEL..... \$ _____	BEER, WINE & LIQUOR SALES \$ _____
HAULING & LAUNCHING..... \$ _____	CAMPING/RV SPACE \$ _____
FUEL SALES..... \$ _____	OTHER (DESCRIBE): \$ _____

1. Please fill out the appropriate sections of this application for coverage(s) needed.
2. Please attach a copy of the rental agreement (if applicable) used for rental of slips, boats and storage.
3. Currently valued loss runs from prior carrier for at least 3 years is needed.
4. Please attach photos of premises, including docks, if any.

BOAT & YACHT DEALERS INSURANCE - SECTION A

Gross annual retail sales: \$ _____ **Brokered sales amt:** \$ _____ **Brokered Commission:** \$ _____

	LOCATION 1	LOCATION 2	LOCATION 3
MAXIMUM TOTAL INVENTORY VALUE (VESSELS & GOODS):			
*AVERAGE TOTAL INVENTORY VALUE:			
AVERAGE VESSELS IN INVENTORY:			

Maximum value any one vessel: Inside: \$ _____ **Outside:** \$ _____ **Waterborne:** \$ _____

(BOAT & YACHT DEALERS CONTINUED)

LIMITS DESIRED:

Total Limit Desired \$ _____
On any one vessel\$ _____
While in land transit\$ _____
Estimated number of vessels transported per year: _____
While on exhibit\$ _____
Number of exhibits per year _____

Average transportation distance Maximum distance..... _____

Normal means of transportation of vessels delivered _____

False pretense coverage limit, if desired \$ _____ (\$500,000 maximum)

Estimated number of demonstrations done per year: _____

Are applicant's employees in charge at all times during demos? ___ YES ___ NO; Explain how demos are performed:

List all main manufactures and hull models sold:

Does applicant rent out boats or equipment? ___ NO ___ YES; Explain:

Does applicant sell any Jet Skis or other personal watercrafts? ___ YES ___ NO

Does applicant sell any ATV's or other land vehicles or equipment? ___ YES ___ NO

Percent of inventory represented by foreign-made products: _____%

Deductible: ___ \$1000 (min) ___ \$2500 ___ \$5000 ___ \$10,000

Reporting form (option only if premium for this coverage over \$25,000)? ___ YES ___ NO

MARINA OPERATORS LEGAL LIABILITY - SECTION B

(CARE, CUSTODY & CONTROL OF CUSTOMER'S PROPERTY)

1. DOCKING:

Number of slips available..... _____

Number of docks available..... _____

Maximum value of any one vessel docked.....\$ _____

Estimated gross annual receipts for proposed policy period....\$ _____

2. FUELING:

Types of fuel offered..... _____

Describe safeguards..... _____

Describe supervision..... _____

Estimated gross receipts from fueling.... _____

3. HAULING & LAUNCHING:

Approximate number of vessels launched per year.....

Approximate number of vessels hauled per year.....

Maximum value any one vessel.....

Estimated gross receipts from hauling and launching...

4. MOORING & ANCHORING:

Maximum number vessels moored.....

Maximum value any one vessel.....

Estimated gross receipts for mooring & anchoring.....

5. BOAT STORAGE ASHORE: *See following page for additional questions*

Value of vessels stored: Average \$ _____ Maximum \$ _____

VALUES AND METHODS OF STORAGE:	AVERAGE \$	MAXIMUM \$	TOTAL #
OUTSIDE IN OPEN RACKS			
OUTSIDE NON-RACKED			
INSIDE ON RACKS			
INSIDE NON-RACKED			

Estimated gross receipts for dry storage: \$ _____

6. SHIP REPAIRS (Repairs, restoration, alteration, maintenance):

Values of vessels handled: Average: \$ _____ Maximum: \$ _____

Percentage of income from: Commercial Craft: _____% Pleasure/Personal _____%

TYPES OF WORK DONE:

Spray Painting ____% Non-Spray Painting ____% Fiberglass ____% Welding ____%

Woodworking ____% Engine Work ____% Electrical ____% General Repair ____%

Estimated receipts for proposed policy year ... \$ _____

**Total receipts for items 1 - 6 \$ _____

7. RENTAL BOATS (Provide copy of rental agreement):

Number of vessels rented

Estimated receipts for coming year \$ _____

8. SHIPS STORE SALES:

Percentage of consumable (food & drink) %

Alcoholic beverage sales \$ _____

Total estimated sales all goods for proposed policy year..... \$ _____

9. ALL OTHER PRODUCTS AND SERVICES OFFERED (please describe):

STORAGE ASHORE:

If any part of operations includes storage on land, in buildings or outside, in racks or in any other way, please complete following:

- 1. How many levels are racks? 2, 3 or 4 high? _____
- 2. Are vessels ever left on trailers? ___ NO ___ YES; Describe safeguard to guard against theft:

- 3. What is construction of storage building(s)? ___ Brick ___ Concrete Block ___ Frame ___ Steel ___ Other; Describe:
_____ Open-Sided or Enclosed? _____
- 4. If storage building has a flat roof, is snow removal a common practice in the part of the country where applicable?
___ NO ___ YES; Describe procedure: _____
- 5. What is the age of the building? _____
- 6. Does the building have a sprinkler system? ___ NO ___ YES; Describe system:

- 7. What protection systems are currently used? ___ Central Station ___ Indicate Rating
Describe system and give Certificate # _____ Expiration Date _____
___ Fire Alarm ___ Night Watchmen ___ Flood Lights ___ Fencing ___ Other - Explain:

MOLL COVERAGE LIMITS

Limit of Liability requested: ___ \$300,000 ___ \$500,000 ___ \$1,000,000 ___ \$2,000,000
Deductible requested: ___ \$1000 (min) ___ \$ 2500 ___ Other

PROTECTION AND INDEMNITY - SECTION C (LIABILITY AFLOAT)

1. Limit of Liability: : ___ \$300,000 ___ \$500,000 ___ \$1,000,000
Applies to: ___ Yacht Dealers ___ Marina Operators ___ Owned Watercraft
___ Include ___ Exclude Crew / ___ Include ___ Exclude Cargo

2. Average experience of employees:

YEARS WITH APPLICANT

Captains - Licensed? ___ YES ___ NO _____
Engineers _____
Deckhands _____

3. Number of Work Boats: _____ Rental Boats: _____

PIERS, WHARVES AND DOCKS COVERAGE - SECTION D

Attach a diagram, indicating distances between where there is more than one pier, and include a photo (preferably aerial) of site. Show on a diagram proximity of surrounding shorelines. Also provide a listing of docks indicating ages, slip sizes, construction type, value of each and weather covered or not.

1. Brief description of property to be insured:

2. Type of Construction: Wood, Concrete, Steel? _____

Fixed or Floating? _____ Percentage of docks with roofs, if any? _____

Number of docks _____ Electricity on Docks? ____ YES ____ NO Separate Fuel Dock? ____ YES ____ NO

Manufacturer and Model of Docks _____

3. Describe type of flotation (encased) and the maintenance program for flotation, if floating:

If floating docks, how long since cabling (anchoring) system installed or replaced? _____

Material of cables: (Stainless Steel?) _____ fixed or cable/winch system _____

4. Describe firefighting capabilities at pier

Distance to nearest fire department: _____

5. Local fireboat available? ____ YES ____ NO Are hydrants present within 500ft? ____ YES ____ NO

6. Is any property removed from water during winter? ____ NO ____ YES; Please list _____

7. Wake wall or other wave attenuation system present? _____

8. Water level variation during a year (in feet): Minimum and maximum harbor depth: _____

9. Has any company refused or cancelled any similar coverage applied for or in force during the past three years? _____

If so, list details _____

10. Deductible: ____ \$1000 (min) ____ \$2500 ____ \$5000 ____ \$10,000 ____ \$25,000 ____ Other

11. Total value of docks: _____ ACV _____ RC _____ (Replacement only on docks under 5 years old and you must attach appraisal done within past 2 years done by accredited marine appraisal service).

12. Weight of Ice & Snow ____ YES ____ NO Designed snow load capacity (live load per sq ft): _____

13. Were docks built with snow bracing? YES NO Designed wind speed resistance _____ MPH
If Wt of Ice & Snow is desired, it can only be bound after receipt & acceptance by underwriting, or inspection by accredited dock inspection firm. Minimum deductible is \$ 25,000.

14. Is there a written policy/procedure for removal of ice and snow from covered docks? YES NO

15. Business Income amount for docks, if any: \$ _____ (annual dock income)

16. Name of lake or river on which located _____
Are the docks exposed to river current? YES NO

17. Approximate distance to crest of dam, if applicable _____

COMMERCIAL TOOLS & EQUIPMENT COVERAGE - SECTION E

1. COVERAGE:

Limits of Liability - Equipment and Tools Insured: \$ _____

a) Equipment (list all, or attach a schedule) \$ _____

b) Equipment Deductible: \$1000 (min) \$2500 \$5000 \$10,000

c) Unscheduled Tools: \$ _____ Amount of insurance desired on any one item \$ _____

d) Unscheduled Tools Deductible: \$500 (min) \$1000 \$2500 \$5000 \$10,000

2. OPTIONAL COVERAGES:

Is replacement cost desired? YES NO

NOT AVAILABLE ON EQUIPMENT OVER 10 YEARS OF AGE

Is coverage desired on Employee's tools? YES NO Indicate number of employees _____

Amount of insurance desired on any one employee: \$ _____

Maximum value on any one item: \$ _____

Total amount of employees tools: \$ _____

Is coverage desired for Rental Reimbursement? YES NO Limit Desired \$ _____

3. STORAGE AND REPAIR AT LOCATION:

Where is equipment stored? _____

Are tools kept in locked compartments when premises are closed? YES NO

4. MAINTENANCE:

Is there a regular equipment maintenance program in effect at present? NO YES; Describe:

5. **SCHEDULE OF EQUIPMENT:**

Trade Name	Year Built	Serial / Model #'s	Type of Fuel	Limit of Insurance

COMMERCIAL TOOLS & EQUIPMENT COVERAGE (CONTINUED)

HULL MACHINERY

Workboat - Rental Boat Coverage

Trade Name	Use of Boat	Yr Built	Length	Total HP	Value	Fuel	Hull Material	Hull Serial #	Motor ID#

** Indicate whether Rental or Workboat**

Are surveys available on all hulls over 3 years old?

___ YES; Attach copies of most recent survey(s).

___ NO; Date survey(s) be accomplished? Date(s): _____

NOTE: NO INSURANCE MAY BE BOUND ON RENTAL/WORKBOATS WITHOUT SURVEY(S) WHEN REQUIRED

Deductible: \$1000 (min) ___ \$2500 ___ \$5000 ___ \$10,000

Coverage is also available for Buildings, Business Contents, Business Automobile, Comprehensive General Liability, Work Comp, Boiler & Machinery, Crime, Business Interruption.

LOSS HISTORY

PLEASE ATTACH A LOSS HISTORY FOR THE LAST 3 YEARS (MINIMUM)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR 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.

Applicant Signature _____ Date _____

PRIOR CARRIER INFORMATION (PLEASE PROVIDE 3 YEARS)

1. CARRIER: _____ YEAR (EX. 2005/2006) _____
LIMITS: PER OCCURRENCE _____ GENERAL AGGREGATE _____
DEDUCTIBLE: _____ PROPERTY COVERAGE: PROPERTY AMOUNT \$ _____
2. CARRIER: _____ YEAR (EX. 2005/2006) _____
LIMITS: PER OCCURRENCE _____ GENERAL AGGREGATE _____
DEDUCTIBLE: _____ PROPERTY COVERAGE: PROPERTY AMOUNT \$ _____
3. CARRIER: _____ YEAR (EX. 2005/2006) _____
LIMITS: PER OCCURRENCE _____ GENERAL AGGREGATE _____
DEDUCTIBLE: _____ PROPERTY COVERAGE: PROPERTY AMOUNT \$ _____

LEINHOLDERS / ADDITIONAL INSURED / LOSS PAYEES:

1. NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT NAME: _____ FAX: _____ EMAIL: _____
2. NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT NAME: _____ FAX: _____ EMAIL: _____
3. NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT NAME: _____ FAX: _____ EMAIL: _____

If necessary, additional Loss History and Warranty Forms can be used to complete the required five-year history.

The insured must sign each separate completed form.

As the Named Insured, I warrant that the above Loss History represents all claims, loses and accidents, of any kind, in which the Named Insured has direct knowledge.

Authorized Signature	Please Type or Print Name	Date
Witness's Signature	Please Type or Print Name	Date

BUILDINGS (ON LAND ONLY)

LOC NO	BLDG NO	OWN / LEASE	STREET or PO, CITY, COUNTY, STATE, ZIP CODE

LOC NO	BLDG NO	YEAR BUILT	**CONST CODE	SQUARE FEET	SPRINKLER YES OR NO	PROT CLASS	FEET TO HYDRANT	MILES TO FIRE DEPT	ROOF CONST

- **CONSTRUCTION CODES (SEE 4TH COLUMN ABOVE TO ANSWER):**
1. FRAME - Including metal siding / frame, pole bldg, etc.
 2. JOISTED MASONRY - Masonry walls / wood roof
 3. NON-COMBUSTIBLE - Steel frame / walls & roof
 4. MASONRY NON-COMBUSTIBLE - Masonry walls / steel roof
 5. MODIFIED FIRE RESISTIVE - Concrete over steel
 6. FIRE RESISTIVE - Total concrete construction

SCHEDULE OF INSURED VALUES (BUILDING & CONTENTS PROPERTY VALUES)

LOC NO	BLDG NO	BUILDING OCCUPANCY (BUILDING USE AND/OR ACTIVITIES)	BUILDING VALUES	FURNITURE / FIXTURES / SHOP EQUIP	IMPROVEMENTS
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

LOSS VALUATION: () REPLACEMENT COST () ACTUAL CASH VALUE
 COINSURANCE: _____% BUILDING _____% CONTENT
 DEDUCTIBLE: () \$250 () \$500 () \$1000 () \$5000 () _____

