

# MARINE INSURANCE APPLICATION - RENTALS

Applicant Name _____	*What is your effective/renewal date _____
Mailing Address _____	*Who is your current carrier _____
City / State / Zip _____	*What is your current premium _____
Principal Contact / Title _____	

Physical Address of Operations; List ALL Locations _____ _____ _____	Additional Interest (s) and Relationship to Applicant _____ _____ _____
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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

General Description of the Operation and Experience of the Principals: \_\_\_\_\_  
\_\_\_\_\_

<u>ORGANIZATION</u>	<u>OPERATING PERIOD</u>	<u>OPERATING FROM</u>
<input type="checkbox"/> Individual	<input type="checkbox"/> Year Round	<input type="checkbox"/> Marina
<input type="checkbox"/> Partnership	<input type="checkbox"/> Seasonally	<input type="checkbox"/> Beach Front
<input type="checkbox"/> Corporation	From: _____	<input type="checkbox"/> Public Ramp
<input type="checkbox"/> Joint Venture	To: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____		

How Many Years Has Applicant Owned / Operated This Business? \_\_\_\_\_

How Many Years Has Applicant Operated From This Locations? \_\_\_\_\_

Gross Receipts for This Operation Last Year \$ \_\_\_\_\_

Projected Gross Receipts for This Year \$ \_\_\_\_\_

List and Describe ALL Other Commercial Activities Conducted on the Premises; Whether Owned or Not:  
\_\_\_\_\_  
\_\_\_\_\_

If Owned, Is There Other Insurance In Force?  NO  YES, Explain: \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THIS SECTION IF PREMISES LIABILITY COVERAGE IS DESIRED**

What is the Interest of the Applicant in This Premise(s)?  OWNER  TENANT  OTHER, Explain: \_\_\_\_\_

What is the Square Footage of the Applicant's Occupied Area? \_\_\_\_\_ Does This Include Parking Lot, Piers, Docks, or Buildings? \_\_\_\_\_

**FIVE YEAR CLAIM HISTORY – WATER CRAFT & PREMISES**

	DETAIL OF LOSS OR CLAIM	AMOUNT OF CLAIM	STATUS

Previous Insurance Carrier \_\_\_\_\_ Has Any Company Ever Canceled or Non-Renewed Insurance For This Applicant?  
(Missouri Residents Need Not Answer)  NO  YES, Explain: \_\_\_\_\_

# COMMERCIAL WATER CRAFT RENTAL SECTION

How Many Years Has The Applicant Been Doing Business As A Rental Operation? \_\_\_\_\_

If a New Venture, List Any Previous Water Craft Rental Experience \_\_\_\_\_

Who is Responsible for Overseeing the Water Craft Rental Operations? \_\_\_\_\_ Title \_\_\_\_\_ DOB \_\_\_\_\_

Number of Rental Operation Employees \_\_\_\_\_ Employee Ages \_\_\_\_\_

Are Employees Trained in First Aid CPR, Etc.?  NO  YES, Explain: \_\_\_\_\_

Describe How Renters Are Screened \_\_\_\_\_

How Old Must a Person be to Rent The Water Craft? \_\_\_\_\_ How is Renter Age Verified? \_\_\_\_\_

What Type of Instruction is Provided to Each Renter? \_\_\_\_\_ Who Provides the Instruction? \_\_\_\_\_

What Navigation Limits are Placed on the Renters? (Body of Water and Range of Navigation) \_\_\_\_\_

How is Each Rental Supervised and Assisted if Help is Required? \_\_\_\_\_

Is Swimming, Snorkeling, SCUBA or Diving Allowed From Vessels?

NO  YES, Explain: \_\_\_\_\_

Will Any Person Besides the Contracted Renter be Allowed to Operate The Vessel?

NO  YES, Explain: \_\_\_\_\_

Are Renters Allowed to Tow Water-Skiers or Water Toys?

NO  YES, Explain: \_\_\_\_\_

Does Applicant Supply the Tow Rope, Skis or Water Toys?

NO  YES, Explain: \_\_\_\_\_

Where are Vessels Kept When Not in Use? \_\_\_\_\_

How are Vessels Secured Against Theft? \_\_\_\_\_

How Long are Rental Agreements Kept on File? \_\_\_\_\_ Does Applicant Keep Records of Vessel Maintenance? \_\_\_\_\_

Does Applicant or Any Employee Operate the Water Craft in the Course of Employment?

NO  YES, Explain: \_\_\_\_\_

Does Applicant or Any Employee Use the Water Craft for Personal Pleasure?

NO  YES, Explain: \_\_\_\_\_

Remarks

COVERAGE	LIMITS REQUESTED	DUDUCTIBLE	PREMIUM
(Total of Hull Values from Schedule)			
WATER CRAFT LIABILITY		0	
WATER-SPORTS LIABILITY		0	
PREMISES LIABILITY		0	
TRAILER PHYSICAL DAMAGE		250	

## APPLICANT'S STATEMENT & SIGNATURE

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) I understand that as part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

The foregoing statements made and signed by the applicant represent the information set forth as correct and a true basis on which insurance may be granted but in no way binds the applicant to accept a quotation or the insurers to accept the risk. If coverage is bound by the Company, this document will attach to and be made part of the policy.

<b>APPLICANT'S SIGNATURE:</b> _____ <b>DATE:</b> _____	<b>PRODUCER'S SIGNATURE:</b> _____ <b>DATE:</b> _____
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**\* PLEASE COMPLETE THIS PREMISES SUPPLEMENT IF YOUR RISK HAS ONSHORE PROPERTY \***

# COMMERCIAL MARINE SUPPLEMENTAL APPLICATION PREMISES LIABILITY

Completion of this application **does not** constitute an agreement by the Company to bind Insurance.  
The application represents that the information provided here is accurate and a true basis upon which insurance may be considered.  
If coverage is bound by the company, this document will become part of the policy.

Limits:  \$300,000 CSL  \$500,000 CSL  \$1,000,000 CSL

**1. Premises Address – Give Exact Location of Area You Wish to Insure, Including Name of Marina, Pier or Slip Number; \*Indicate the Part Occupied:**

**\*What is the Square Footage of the Applicant's Occupied Area?**

**\*Does This Include a Parking Lot, Docks, Piers or Buildings? \_\_\_\_\_ YES \_\_\_\_\_ NO,**

**Explain:** \_\_\_\_\_

**\*\*Include a Diagram of the Area\*\***

**2. What is the Interest of the Named Insured in the Premises?  OWNER  TENANT**

OTHER, Explain: \_\_\_\_\_

**3. How Long Has Applicant Operated From This Location? \_\_\_\_\_**

**4. How Long In This Business? \_\_\_\_\_**

**5. List & Describe the Specific Activities Conducted by the Applicant:**

**6. Describe Any Contractual Agreements Entered Into by the Applicant (i.e., Lease, Contracts of Carriage, Towage Act):**

**7. List & Describe All Prior Losses or Claims for This Applicant Within the Past 5 Years:**

**8. List & Describe All Other Business Activities Conducted on This Premises, Whether Owned or Non-Owned:**

**9. Provide a Detailed Breakout of the Estimated Annual Gross Receipts For:**

BOAT RENTALS \_\_\_\_\_ SLIP RENTALS \_\_\_\_\_ HAULING/LAUNCHING \_\_\_\_\_ BOAT/MOTOR REPAIRS \_\_\_\_\_

RETAIL STORES \_\_\_\_\_ RESTURANTS/SNACK BAR \_\_\_\_\_ HOTEL/CAMPGROUND \_\_\_\_\_ BOAT

SALES/SERVICE \_\_\_\_\_ OTHER, Explain: \_\_\_\_\_

**10. List Names & Address of All Applicable Additional Interests:**

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APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_