

**MARINA OPERATOR/BOAT DEALER APPLICATION**

Applicant Name:	Years in Business (if less than 3 yrs, please attach resume)
Mailing Address (including City, State, Zip):	
Total Projected Gross Receipts for Terms: \$	Proposed Effective/Expiration Date:
List of Insured Locations:	
1.	
2.	
3.	
4.	

**MARINA OPERATORS:**

<b>MARINA OPERATORS LIMITS:</b>	
\$	General Aggregate
\$	Products - Completed Operations Aggregate
\$	Personal And Advertising Injury
\$	Each Occurrence
\$	Fire Damage Legal Liability
\$	Medical Expense
\$	Marina Operators P&I

**DEDUCTIBLE:** \$ \_\_\_\_\_

<b>MARINA EXPOSURE:</b>	
Dock/Slip Rental	\$
Storage	\$
Fueling	\$
Hauling/Launching	\$
Repair	\$
Rental Boats	\$
Boat Sales	\$
Boat Brokerage Commissions	\$
Retail Store	\$
Restaurant	\$
Liquor Receipts (If Applicable)	\$
Other Receipts (Please Describe):	\$

**MARINA OPERATOR DETAILS:**

**Premises Protection (check if applies):**

Central Station Alarm	#1 _____	#2 _____	#3 _____	#4 _____
Completely fenced & lighted	#1 _____	#2 _____	#3 _____	#4 _____
Watchman service	#1 _____	#2 _____	#3 _____	#4 _____
Owner/Manager lives on premises	#1 _____	#2 _____	#3 _____	#4 _____
Bubbler system (slip rental / wet storage)	#1 _____	#2 _____	#3 _____	#4 _____
Paid fire protection	#1 _____	#2 _____	#3 _____	#4 _____
Miles from fire station	#1 _____	#2 _____	#3 _____	#4 _____
Public fire hydrants # & distance	#1 _____	#2 _____	#3 _____	#4 _____
Other security measures	#1 _____	#2 _____	#3 _____	#4 _____

**Dock and Slip Rental**

Number of slips and mooring buoys available at each location:	#1 _____	#2 _____	#3 _____	#4 _____
Of the above, how many slips are covered?	#1 _____	#2 _____	#3 _____	#4 _____
Average value of vessels in slips/moored	#1 \$ _____	#2 \$ _____	#3 \$ _____	#4 _____
Maximum value of vessels in slips/moored	#1 \$ _____	#2 \$ _____	#3 \$ _____	#4 _____

**Storage**

Maximum number of vessels stored in one year:	#1 _____	#2 _____	#3 _____	#4 _____
Maximum number stored in summer months:	#1 _____	#2 _____	#3 _____	#4 _____
Maximum number stored in winter months:	#1 _____	#2 _____	#3 _____	#4 _____
Average value of vessels in stored:	#1 \$ _____	#2 \$ _____	#3 \$ _____	#4 _____
Maximum value of vessels in stored:	#1 \$ _____	#2 \$ _____	#3 \$ _____	#4 _____
Total Number of boats stored:	#1 _____	#2 _____	#3 _____	#4 _____
Total Number of boats stored in racks?	#1 _____	#2 _____	#3 _____	#4 _____
Maximum number of vessels stored in racks at any one time:	#1 _____	#2 _____	#3 _____	#4 _____
Number of boats stored afloat during freezing months?	#1 _____	#2 _____	#3 _____	#4 _____

Describe method to prevent freezing: \_\_\_\_\_

Winterizing and Make Ready maintenance a part of the Storage Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes' please submit a copy of the Storage Agreement

Describe building(s) construction for land storage: \_\_\_\_\_

**Fueling and Miscellaneous Servicing:**

Who performs actual fueling, employee or boat owner? \_\_\_\_\_

Automatic or Emergency fuel shut off switch? Yes \_\_\_\_\_ No \_\_\_\_\_

Fuel tanks: Underground tanks: \_\_\_\_\_ Age: \_\_\_\_\_ Above ground tanks: \_\_\_\_\_ Age: \_\_\_\_\_

Describe fuel tank maintenance and testing: \_\_\_\_\_

**MARINA OPERATORS DETAILS (CONTINUED):****Hauling and Launching:**

Describe hauling and launching facility and equipment: \_\_\_\_\_

**Repair Operations:**Type of Work Performed:  
\_\_\_\_\_  
\_\_\_\_\_

Are vessel owners allowed to work on their own vessels? Yes \_\_\_\_ No \_\_\_\_

Highest value of any one vessel: \$ \_\_\_\_\_

Maximum values at any one time: \$ \_\_\_\_\_

Average values at any one time: \$ \_\_\_\_\_

Describe any non-private pleasure vessel work done and amount of gross receipts:  
\_\_\_\_\_**BOAT DEALERS****BOAT DEALER LIMITS:**

\$	Any One Watercraft While At A Scheduled Location
\$	Any One Watercraft Accepted As Trade-In While At Locations Other Than Those Scheduled For Not Exceeding 15 Days
\$	Any One Watercraft During Land And Water Transit Within 75 Miles Of A Scheduled Location
\$	Any One Watercraft While On Exhibit At Watercraft Shows
\$	Any One Accident Or Occurrence With Respect To Accessories And Supplies In Inventory At The Scheduled Locations
\$	Any One Accident Or Occurrence For All Coverage Provided By This Policy, Except As Provided In The Protection And Indemnity Clause
\$	Any One Accident Or Occurrence, Including Legal And Investigative Expenses, With Respect To Claims Covered By The Protection And Indemnity Clause

**DEDUCTIBLE:**                    \$                    Per occurrence except;  
     \$                    In the event of losses resulting from windstorm or hail

**BOAT DEALER EXPOSURE:**

Average Monthly Inventory (All Boats/Motors Trailers And Marine Supplies)	\$
Maximum Monthly Inventory	\$
Average Value of Inventory in Water at any one time	\$
Maximum Value of Inventory in Water at any one time	\$
Anticipated Total Values of Boat Delivered by Land or Water	\$
Maximum Values of All Boats at Any One Boat Show	\$
Maximum Value of Marine Accessories	\$
Maximum Value in Water at any one time	\$

**BOAT DEALERS DETAILS:**

**Manufacturers and Type of Watercraft:**

Power: \_\_\_\_\_  
 PWC (Jet Skis, Wave Runners, etc): \_\_\_\_\_  
 Sail: \_\_\_\_\_  
 Motors: \_\_\_\_\_  
 Trailers: \_\_\_\_\_

**Boats delivered by land or water:**

Maximum distance, land: \_\_\_\_\_  
 Maximum distance, water: \_\_\_\_\_

**Boat shows:**

Number annually: \_\_\_\_\_  
 Maximum number of boats any one show: \_\_\_\_\_  
 Transported by: Common carrier \_\_\_\_\_ Owned vehicles \_\_\_\_\_ both \_\_\_\_\_  
 Maximum distance \_\_\_\_ miles

**Demonstrations:**

Number per month: \_\_\_\_\_  
 Maximum speed any one boat: \_\_\_\_\_ MPH  
 Where are demonstrations performed: \_\_\_\_\_  
 Miles from shore: \_\_\_\_\_ Distance from dealership: \_\_\_\_\_  
 Does USCG license operator? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is operator properly trained on vessel to be demonstrated? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are all vessels to be demonstrated properly outfitted as per manufacturer's specifications and in compliance with USCG regulations?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**LOSS EXPERIENCE:**

List all Boat Dealer and/or Marina Operator's claims (insured or not) during past 5 years on all operations.  
**(ATTACH FULL LOSS EXPERIENCE DETAILS)**

YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**