

**APPLICATION
for
YACHT DEALERS/MARINA OPERATORS**

Name & Address of Applicant Name: _____ Address: _____ City _____ State _____ Zip _____ Desired Effective Date from _____ to _____ Quote needed by _____ Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Producer's Name & Address Name: _____ Address: _____ City _____ State _____ Zip _____ Producer Code Number: _____ Tax ID/SSN: _____
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Coverages Requested

- | | |
|--|---|
| <input type="checkbox"/> Section A; Yacht Dealers Coverage
<input type="checkbox"/> Section B; Marina Operators Legal Liability Coverage
<input type="checkbox"/> Section C; Protection and Indemnity Coverage | <input type="checkbox"/> Section D; Piers, Wharves and Docks Coverage
<input type="checkbox"/> Section E; Commercial Tools and Employees
<input type="checkbox"/> Section F; Owned Watercraft |
|--|---|

Other Marine Coverages - Attach Appropriate Applications

General Information

1. Business of Applicant: _____
2. Number of Years in Business: _____
3. Does Applicant have any divisions or affiliates not to be insured hereunder? If yes, please name & describe: _____
4. Has the Applicant had any insurance policy declined cancelled or non-renewed during the prior 3 years?
 Yes No If yes, give details: _____
5. Does the Applicant have any knowledge of any facts which might give rise to a claim under these policies?
 Yes No if yes, give details: _____
6. Loss Payee: _____

Please attach: a) the Applicant's most current annual report, Form 10K or other Financial Information; b) Sales Brochure describing the Applicant's products.

Yacht Dealers Insurance — Section A

LIMITS DESIRED

1. \$ _____ on any one vessel;
 While on premises at _____
 \$ _____ While in land transit;
 \$ _____ While on exhibit at _____
 \$ _____ In any one occurrence.
 \$ _____ False Pretense Coverage (If over \$25,000 is desired)
2. Average Total inventory (vessels & goods each named location).....\$ _____
3. Maximum Inventory (vessels & goods each named location).....\$ _____
4. Average value any one vessel\$ _____

	Inside	Outside	Waterborne
5. Max. value any one vessel.....	\$ _____	\$ _____	\$ _____
6. Average number of vessels in inventory (each named location) _____
7. Maximum number of vessels in inventory (each named location) _____
8. Estimated number of vessels in transit per year _____
9. Estimated number of Boat Shows/ Exhibitions per year _____
10. Estimated number of Demonstrations per year _____
 Are Applicant's Personnel in charge? Yes No If no, explain how are demonstrations performed? _____

11. List all main manufacturers and major hull models sold _____

- 11.a. Percent of inventory represented by foreign-made products: _____%
12. Deductible required (Min. \$1,000): Optional deductible \$ _____
13. Reporting form _____ Non-Reporting _____

Marina Operators Legal Liability - Section B

1. DOCKING:

Number of Slips available: _____ Number of Docks available: _____
 Maximum value of any one vessel docked: \$ _____
 Estimated Gross Receipts for proposed policy period\$ _____

2. FUELING:

Type of Fuel (Gas, Diesel, LPG): _____
 Fire Protection: (describe safeguards) _____
 Who supervises Fueling: _____
 Estimated Gross Receipts for proposed policy period \$ _____

3. HAULING & LAUNCHING: (Other than in conjunction with Repairs or Storage.)

Approximate number of vessels handled per year: _____
 Maximum value of any one vessel: \$ _____
 Three prior Years Receipts: (1) _____ (2) _____ (3) _____
 Estimated Gross Receipts for proposed policy period\$ _____

4. MOORING AND ANCHORING:

Maximum number of Vessels moored: _____
 Maximum value of any one vessel: \$ _____
 Three prior Years Receipts: (1) _____ (2) _____ (3) _____
 Estimated Gross Receipts for proposed policy period \$ _____

5. RENTAL BOATS: (Attach a complete description of vessels)

No. of Vessels: - Provide a copy of Rental Agreement.
 Three prior Years Receipts: (1) _____ (2) _____ (3) _____
 Estimated Gross Receipts for proposed policy period \$ _____

6. SHIP REPAIRERS: (Repairs, Alteration, Maintenance or Restoration):

Value of Vessels handled: Average \$ _____ Maximum \$ _____
 What percentage of repair receipts are for non-commercial / pleasurecraft _____
 If primarily a Yacht Repair facility, please provide breakdown of repair operations (e.g. Engine, Hull, etc.) _____ %
 Painting _____ % Refinishing _____ % Fiberglassing _____ % Engine Repair _____ % Spray Painting _____ %
 % General Repair _____ % Welding _____ % Electrical _____ % Woodworking _____ %
 Three prior Years Receipts: (1) _____ (2) _____ (3) _____
 Estimated Gross Receipts for proposed policy period\$ _____

7. SHIPS STORE SALES:

What percentage of above sales are consumables: _____ (food, drink, etc.)
 Three prior Years Receipts: (1) _____ (2) _____ (3) _____
 Estimated Gross Receipts for proposed policy period\$ _____

8. STORAGE ASHORE:

Individual value of Vessels stored: Average \$ _____ Maximum \$ _____
 Value of Vessels stored and method of storage:
 Outside in open Racks \$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number) _____
 Non-Racked \$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number) _____
 Inside on Racks\$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number) _____
 Non-Racked \$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number) _____
 Three prior Years Receipts: (1) _____ (2) _____ (3) _____
 Estimated Gross Receipts for proposed policy period\$ _____

9. OTHER: (Please give details for other activities/services offered by the Marina; installation of aftermarket products, i.e. Tuna Towers, Electronics)

Three prior Years Receipts: (1) _____ (2) _____ (3) _____
 Estimated Gross Receipts for proposed policy period\$ _____

TOTAL EST. GROSS RECEIPTS (total of 2 through 9) \$ _____

Marina Operators Legal Liability - Additional Information

STORAGE ASHORE:

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

1. How many levels are racks? 2, 3 or 4 high. _____
2. Are vessels ever left on trailers? Yes No If yes, describe safeguards to guard against theft _____

3. What is construction of storage building(s)? _____ (Brick, Concrete Block Frame, Street, Other Please explain) _____
4. If storage building has a flat roof, is snow removal a common practice in part of the country where applicable?
 Yes No If yes, describe procedures _____
5. What is the age of the building? _____
6. Is building sprinklered? Yes No If yes, describe system _____
7. What protection systems are currently used? Central Station Indicate rating _____ Describe system and give Certificate # _____ Expiration date _____
 - Fire Alarm (type) _____ Burglar Alarm (type) _____
 - Night Watchman Flood Lights Fencing Other (Please explain): _____

8. Limit of Liability: \$ _____ Deductible: \$ _____

Protection and Indemnity - Section C

1. Limit of Liability: Yacht Dealers \$ _____ Marina Operators \$ _____

Medical Payments of \$2,000 included

Applies to: Yacht Dealer Marina Operators Owned Watercraft

Include exclude crew.

Include exclude cargo.

include exclude towers liability.

Include exclude excess collision liability.

2. Deductible desired: _____

3. Average experience of employees:

	Years With Applicant	Total Years Experience
Captains - Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Engineers	_____	_____
Deckhands	_____	_____

Piers, Wharves and Docks Coverage - Section D

1. Brief description of property to be insured. Attach a diagram, indicating distances between where there is more than one pier, and include a photo of site: _____

2. Type of construction: Wood, Concrete, Steel? _____
Fixed or floating? _____ Percentage of property covered over, if any: _____
Number of docks _____ Electricity on Docks? Yes No Separate Fuel Dock? _____
3. Year(s) of construction _____
4. Describe the maintenance program _____

5. National Board Class _____
6. Describe firefighting capabilities at pier _____

7. Local fireboat available? Yes No
8. Is any property removed from water during winter? Yes No
9. Has any company refused or cancelled any similar coverage applied for or in force during the past three years? _____
if so, give details _____

10. Deductible: \$ _____ (\$10,000 Minimum deductible applies)
11. Value of the docks: _____

Commercial Tools & Equipment Coverage - Section E

1. COVERAGE:
Limits of Liability - Equipment and Tools insured: \$ _____
 - a) Equipment: List all equipment valued over \$2500 or attach schedule.
 - b) Tools (Unscheduled \$5,000 included) Additional amount of insurance desired on unscheduled tools:
\$ _____
Maximum value of any one item (\$500 included) Additional amount of insurance desired on any one item
\$ _____
 - c) Deductible per occurrence (Scheduled equipment only) \$ _____

Owned Watercraft - Section F

HULL AND MACHINERY

Workboat/Rental Coverage

TRADE NAME	USE OF BOAT	YEAR BUILT	LENGTH	TOTAL H.P.	VALUE	FUEL	MATERIAL OF HULL
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

*Indicate whether Rental or Workboat

Type of Coverage required (Check one): All Risk Named Perils Total Loss Only

Navigation Area of Above Vessel(s): _____

Are surveys available on all hulls over 3 years old? Yes No If yes, attach copies of most recent survey(s), If no, when will surveys be accomplished? Give Date(s) _____

NOTE: NO INSURANCE MAY BE BOUND ON Rental/Workboats without survey(s) where required.

Deductible \$ _____

Coverage is also available for Buildings, Business Contents, Business Automobile, Comprehensive General Liability, Boiler & Machinery, Crime, Business Interruption, Directors & Officers, Accident & Health, etc.

PLEASE ATTACH APPROPRIATE ACCORD APPLICATIONS FOR DESIRED COVERAGE USE APPROPRIATE COMPANY/ISO FORMS, RATES AND POLICY

Loss History

PLEASE ATTACH A LOSS HISTORY FOR THE LAST FIVE YEARS

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: _____