

**Applicant Information**

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Name	Telephone Number		
Address	City	State	ZIP
Website	FEIN#	Inception Date	

**Agent Information**

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Agency Name	Producer		
Address	City	State	ZIP
Email for Agency Contact			

**General Information**

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Type of Operation(s)

Applicant is: Individual Corporation Partnership Other (explain)

\_\_\_\_\_ Has insurance been Declined, Cancelled or Non-Renewed in Past 5 yrs.? Yes No

Years in business

If Yes, give details

\_\_\_\_\_ Is the applicant affiliated with any other business (e. a marina affiliated with a resort)? Yes No

\_\_\_\_\_ If yes, name and describe affiliation.

Current Carrier

\_\_\_\_\_ Expiring Premiums: Package Marine Auto Comp Umbrella

**Services Provided (Complete all that will apply with projected receipts)**

Brokerage Boat Sales	\$ _____	Fuel Sales	\$ _____
Used Boat Sales	\$ _____	Retail Food Sales	\$ _____
New Boat Sales	\$ _____	Beer/wine/liquor Sales – Served	\$ _____
Retail Boat Supplies	\$ _____	Beer/wine/liquor Sales – Carry Out/Retail	\$ _____
Boat Storage (Dry Rack)	\$ _____	Camping RV Spaces	\$ _____
Boat Storage (Winter Storage)	\$ _____	Hotel/Motel	\$ _____
Slip Rental/Moorage	\$ _____	Other (explain) _____	\$ _____
Boat Rental	\$ _____	_____	\$ _____
Boat Repair	\$ _____	_____	\$ _____
Boat Transport, Haul, Launch (not associated with sales/stow)	\$ _____	_____	\$ _____

**Boat and Yacht Dealer Insurance Section – A**

	Location A	Location B	Location C
Inventory Insurance Limit by Location	\$ _____	\$ _____	\$ _____
*Monthly Average Inventory Value by Location	\$ _____	\$ _____	\$ _____
Average Number of Vessels in Inventory by Location #	# _____	# _____	# _____

\*Take the highest value of inventory of each month, add them together and then divide by twelve.

**Sub Limits Desired:**

At Risk of Insured While In Transit	\$ _____			
At Risk of Insured While on Exhibit	\$ _____			
Number Exhibits/Year	# _____			
False Pretense Coverage Limit, if desired	\$ _____	(\$500,000 Maximum)		
Title E & O Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	(\$300,000 Maximum)		
Truth In-Lending Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	(\$300,000 Maximum)		
Inventory Deductible:	<input type="checkbox"/> \$1,000 (minimum)	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000

Number of times inventory boats are transported offsite more than 50 miles? \_\_\_\_\_

Estimated number of demonstrations done per year? \_\_\_\_\_

Are applicant's employees in charge at all times during demonstrations?  Yes  No

Are customers ever pulled behind boat for demonstration purposes?  Yes  No

Are boats used personally by owners/officers/managers/key employees?  Yes  No

Details: \_\_\_\_\_

List all boat manufacturers represented: \_\_\_\_\_

Does applicant sell any new or used Jet Skis or other personal watercraft?  Yes  No

If yes, what is the percentage of overall sales? \_\_\_\_\_%

Does applicant sell any new or used ATV's or other land vehicles or equipment?  Yes  No

If yes, what is the percentage of overall sales? \_\_\_\_\_%

Are any vessels sold by your company manufactured overseas?  Yes  No

If yes, what is the percentage of overall sales? \_\_\_\_\_%

Do all foreign manufacturers carry U.S. product liability?  Yes  No (current certificates due at binding)

**Marina Operators Legal Liability Section – B**
**Docking (attach slip rental agreement)**

Number of slips available # \_\_\_\_\_  
 Linear feet of wall available of Dockage \_\_\_\_\_ ft.  
 Maximum Value of Any One Vessel Docked \$ \_\_\_\_\_  
 Are appropriate fire extinguishers located in plain view?  Yes  No  
 Are appropriate number of life rings present on docks?  Yes  No  
 Are "No Swimming" signs posted on the docks?  Yes  No

**Moorings and Anchoring (attach moorage agreement)**

Maximum Number of Vessels Moored # \_\_\_\_\_  
 Maximum Value Any One Vessel \$ \_\_\_\_\_

**Hauling and Launching (not associated with sales or storage)**

Approximate Number of Vessels Launched Per Year # \_\_\_\_\_  
 Approximate Number of Vessels Hauled Per Year # \_\_\_\_\_  
 Maximum Distance Hauled \_\_\_\_\_ miles  
 Average Distance Hauled \_\_\_\_\_ miles  
 Maximum Value Any One Vessel \$ \_\_\_\_\_

**Fueling**

Types and Capacity of Fuel Tank:  Above Ground  Below Ground  
 \_\_\_\_\_ Gallons of Gas \_\_\_\_\_ Gallons of Diesel  
 Who performs fueling?  Employee  Customer  
 Emergency fuel shutoff located on dock  Yes  No  
 Are boats fueled by truck?  Yes  No

**Boat Storage Ashore (attach storage agreement)**

Values and Methods of Storage	Total Value	Total # of Boats
Outside in Open Racks	\$ _____	# _____
Outside Non-Racked	\$ _____	# _____
Inside on Racks	\$ _____	# _____
Inside Non-Racked	\$ _____	# _____

Does building have sprinkler system?  Yes  No  
 If yes, describe system: \_\_\_\_\_

Are vessels ever left on trailers outside?  Yes  No  
 If yes, describe safeguards to guard against theft: \_\_\_\_\_

Are customers allowed to work on their boats while stored in buildings?  Yes  No  
 If yes:  
 Are customers required to sign in/out?  Yes  No  
 Are customers allowed to use power tools?  Yes  No  
 Are customers allowed to use highly volatile chemicals such as epoxy or solvents?  Yes  No

	Storage Building 1	Storage Building 2	Storage Building 3
Fire Alarm Type	_____	_____	_____
Burglar Alarm Type	_____	_____	_____
Monitoring Company	_____	_____	_____
Fire Extinguisher	_____	_____	_____
Fire Extinguisher Last Certification Date	_____	_____	_____
Sprinkler	_____	_____	_____
Last Certification Date	_____	_____	_____
Security	<input type="checkbox"/> Night Watchman	<input type="checkbox"/> Flood Lights	<input type="checkbox"/> Fencing
			<input type="checkbox"/> Guard Dogs
Other (please explain):	_____		

**Boat Repairs** (repairs, restoration, alteration, maintenance)

Maximum Values of Vessels Handled \$ \_\_\_\_\_

Percentage of Income from: \_\_\_\_\_% Commercial Craft \_\_\_\_\_% Pleasure/Personal

Percentage if winterization not related to storage \_\_\_\_\_%

Types of Work Done:

_____ % Spray Painting	_____ % Minor Fiberglass	_____ % Woodworking	_____ % Electrical
_____ % Non-Spray Painting	_____ % Major Fiberglass	_____ % Engine Work	_____ % Welding

Are metal trash receptacles with lids in use?  Yes  No

Are safety/work rules posted on the door entry?  Yes  No

Are customers allowed to access boats while work is being performed?  Yes  No

If yes, describe procedure to prevent damages and injuries due to work in progress: \_\_\_\_\_

**Other Products and Services Offered** \_\_\_\_\_

**MOLL Coverage Limits**

Total Limit of Liability Requested	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
Limit per Vessel	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%		
Deductible Requested	<input type="checkbox"/> \$1,000 (minimum)	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000

**Protection and Indemnity Section – C**

Limit of Liability Requested  \$300,000  \$500,000  \$1,000,000

Average Experience of Employees Operating Vessels: \_\_\_\_\_ years

Are MVR's run annually for all operators?  Yes  No

Number of Work Boats (attach schedule) # \_\_\_\_\_

**Rental Boats** (attach schedule)

Number of Pontoons Rented	# _____	Number of Ski Boats Rented	# _____
Number of Fishing Boats Rented	# _____	Number of PWC's Rented	# _____
Number of Non-Powered Boats Rented (including SUP's)	# _____	Number of Sailboats Rented	# _____
Minimum Age of Renter	_____ years old		
Are overnight rental allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are vessels ever trailered to the body of water	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, by whom?	_____		
Swimming Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Watersports Towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

To receive a quote the rental agreement, checkout procedures and waivers must be submitted with this application.

**Piers, Wharves and Docks Coverage Section – D (Complete only if dock physical damage is requested)**

Attach a diagram, indicating distances between where there is more than one pier, and include any available photos (preferably aerial) of site. Show on diagram proximity of surrounding shorelines.

Electricity on Docks?  Yes  No

When was the last update completed? \_\_\_\_\_

Is electrical power on docks protected by GFI?  Yes  No

If yes, when were docks last tested for stray current? \_\_\_\_\_

Spud Poles/Cable/Wench System: \_\_\_\_\_

Is cross cabling technique used?  Yes  No

Material of Cables (Stainless Steel?): \_\_\_\_\_

Designed Wind Speed Resistance: \_\_\_\_\_ mph  Unknown

Designed Snow Load Capacity: \_\_\_\_\_ lbs./sq. ft.  Unknown

Describe firefighting capabilities at pier: \_\_\_\_\_

Local fireboat available?  Yes  No

Are hydrants present within 500 ft?  Yes  No

Dock Total Limit Desired (must match attached schedule) \$ \_\_\_\_\_

Valuation Desired  ACV  RC Coinsurance:  80%  90%  100%

Standard Perils Deductible \$ \_\_\_\_\_ 1% (\$5,000 minimum)

Wind/Hail Deductible \$ \_\_\_\_\_ 2% (\$25,000 minimum)

\*Weight of Ice/Snow Deductible \$ \_\_\_\_\_ 3% (\$50,000 minimum)

Earthquake/Tsunami (Limited Availability) \$ \_\_\_\_\_ 3% (\$50,000 minimum)

\*We will want a written procedure from applicant outlining criteria and methodology for snow removal. i.e., when snow builds (#) inches, dock roofs are shoveled off, sprayed with warmer lake water, heaters used.

Is any property removed from water during winter months?  Yes  No

If yes, describe: \_\_\_\_\_

Are bubblers utilized for property left in water during winter months?  Yes  No

Name of Lake or River on which located: \_\_\_\_\_

Approximate distance to nearest of Dam, if applicable: \_\_\_\_\_

Have docks been relocated as a result of changes in water depth in the past 10 years?  Yes  No

If yes, describe: \_\_\_\_\_

Wake wall or other wave attenuation system present?  Yes  No

If yes: Type: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Are docks exposed to floating debris that could cause damage?  Yes  No

Business Income Amount for Docks, if any: \$ \_\_\_\_\_ Coinsurance:  80%  90%  100%

Describe any dock loss incurred in the last 10 years: \_\_\_\_\_

Is there any existing damage to piers, wharfs, docks?  Yes  No

If yes, describe: \_\_\_\_\_









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**Comments or Additional Information**