

Marina Composite Program



Ocean Marine Division

APPLICANT GENERAL INFORMATION

Name of Insured: _____

Mailing Address: _____

City: _____ State and Zip Code: _____

Inspection Contact Name and Telephone No: _____

Name of all Principals: _____

- Individual Partnership Corporation Other

Producer's Name: _____

Mailing Address: _____

City: _____ State and Zip Code: _____

Telephone No: _____

Nature of Business /Description of Operations: _____

Effective Date of Coverage: _____

Current Insurance Carrier, expiring premium and policy expiration: _____

Other business owned by applicant (Describe): _____

Is the applicant a subsidiary of any other entity or does the insured have any subsidiaries? YES NO

If yes, describe: _____

Has the policy or coverage been declined, canceled or non renewed within the last five years? YES NO

If yes, describe: _____

Loss History for the last five (5) years
(Attach a copy of the loss runs)

Premises Locations Address

Location 1 _____

Location 2 _____

Location 3 _____

***Coverage's Requested**

- Marina Operations Legal Liability
- Protection & Indemnity

- Piers & Docks
- Owned Watercraft

- General Liability
- Boat Dealers

- Contractors Equipment/Tools
- Property Insured

Please complete the applicable sections of this application

Fire Protection

Premises 1

Premises 2

Premises 3

Paid or volunteer _____

Distance from premises _____

Public fire hydrants number distance _____

Private fire protection for rack storage _____

Is there a formal fire safety program in force? _____

Describe any private fire protection _____

Security

Premises 1

Premises 2

Premises 3

U/L Certified central station alarm _____

Watchman employed/hours on premises _____

Alarm with outside siren or gong _____

Is location completely fenced? _____

Are there floodlights? _____

Does applicant live on premises? _____

Is there a watchdog on premises? _____

Employees

Number of key employees: _____ Number of years employed by applicant: _____

Section 1 - Boat Dealer's Coverage

Limit Requested: _____ Deductible Requested: _____

Loss Payee Name and Address: _____

Additional Interest (explain): _____

Watercraft Sold

Manufacturer

% Sold

Power Boats _____

Sail Boats _____

High Performance Watercraft _____

Personal Watercraft _____

Accessories _____

Motors _____

Trailer _____

Other: (explain) _____

Premises

Last Inventory and Date

Average Monthly Inventory

Maximum Monthly Inventory

Premises 1: Inside _____

Outside _____

In Water _____

Premises 2: Inside _____

Outside _____

In Water _____

Premises 3: Inside _____

Outside _____

In Water _____

Transit Exposures

Number of watercraft delivered annually: % via land: _____ % via water: _____

Highest value via land: _____ Highest value via water: _____

Maximum miles over land: _____ Maximum miles over water: _____

Watercraft % by common carrier: _____ Watercraft % by applicant's vehicle(s): _____

Boat Shows

Numbers of shows annually: _____ Maximum number of watercraft at each show: _____

Maximum distance to show: _____ How transported (describe): _____

Demonstrations

Maximum value any one watercraft: _____ Number per month: _____ Maximum MPH of watercraft: _____

Is watercraft under the command of a competent employee? Yes No Is all U.S. Coast Guard safety equipment on board? Yes No

Boat Dealer's Endorsements

Check if coverage is desired

1) False pretense - limit \$25,000

Describe all customers screening practices: (identification check, credit check, title check, etc.) _____

Does sale person accompany all potential customers on all test drives? Yes No

2) Truth in Lending - limit \$100,000

Check if coverage is desired

Does dealer monitor odometer reading at time of purchase or sale? Yes No

Are there written procedures for handling credits, disclosures with trained individuals to ensure compliance with Federal/State Consumer Credit Laws/Regulations? Yes No

3) Title Error & Omissions - limit \$25,000

Check if coverage is desired

Does dealer have written procedures for handling titles listing proper loss payees? Yes No

Section II - Marina Operator's Legal Liability

Limit Requested: _____ Deductible Requested: _____

Additional Interest (explain): _____

Repair Operations

Type of watercraft repaired: _____ Type of work performed: _____

Average/maximum value of watercraft repaired: _____ Are owners allowed to work on their own watercraft? Yes No

Are subcontractors hired to do any repairs to watercraft on your behalf? Yes No

If yes, describe: _____

Is COI obtained and is applicant named as an additional insured? Yes No

Dry Storage (Please submit a copy of storage agreement with application)

Premises 1

Premises 2

Premises 3

Average/maximum value stored inside: _____

Average/maximum value stored outside: _____

Are watercraft stored on inside racks: _____

Are watercraft stored on outside racks: _____

Construction of building where watercraft are stored inside: _____

Building fire protection (sprinklers, dry chemical systems, etc.) _____

Number of watercraft stored (inside/outside): _____

Is applicant compliant with NFPA storage of watercraft? Yes No

Docking/Mooring (please submit a copy of docking agreement with application)

Premises 1

Premises 2

Premises 3

Number of slips available for rent? _____

Number of moorings available for rent: _____

Average/maximum values of watercraft: _____

Do any slips have roofs? Yes No How many? _____

Number of watercraft stored afloat between 12/1 to 4/1: _____

Is there a bubble system? Yes No

Hauling and Launching

Number of watercraft hauled last year: _____ Equipment used to haul watercraft: _____

Rating capacity of lifting equipment: _____ Describe maintenance of equipment: _____

Fueling

Type of fuel sold: Gas Diesel Both Who performs fueling of watercraft? _____

Are "No Smoking" signs posted? Yes No Tank storage locations: _____

Is there a master shut off valve: _____ Are propane tanks refilled on premises? Yes No

Other Services

Please describe: _____

Is limited pollution coverage for your maritime operation desired? Yes No

If yes, limit requested: _____

Section III - Marine Commercial Liability

	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Limits requested (choose one)			
General Aggregate	\$2,000,000	\$1,000,000	\$2,000,000
Products - completed OPS Aggregate	\$1,000,000	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$1,000,000	\$1,000,000
Each Occurrence	\$1,000,000	\$1,000,000	\$1,000,000
Damage to Premises Rented to You	\$100,000	\$100,000	\$100,000
Medical Expense (any one person)	\$5,000	\$5,000	\$5,000

Deductible requested: _____

Additional Insured Name and Address _____

What is their interest as an Additional Insured (explain)? _____

Additional Coverage

Employee Benefits Limit: \$1,000,000 Check if coverage is desired Deductible: \$1,000 Required
Hired/non owned limit: \$1,000,000 Check if coverage is desired

General Information (explain all "Yes" responses)

Any Medical Facilities provided or medical professionals employed or contracted? Yes No _____

Any exposure to radioactive/nuclear materials? Yes No _____

Any exposure to radioactive/nuclear materials? Yes No _____

Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.) Yes No _____

Any operations sold, acquired, or discontinued in the last 5 years? Yes No _____

Any parking facilities owned/rented? Yes No _____

Is a fee charged for parking? Yes No _____

Recreation facilities provided? Yes No _____

Sporting or social events sponsored? Yes No _____

Does Harbormaster or any other person live on premises? Yes No _____

Any structural alterations contemplated? Yes No _____

Any demolition exposure contemplated? Yes No _____

Have any crimes occurred or been attempted on your premises with the last three years? Yes No _____

Is there a formal, written safety and security policy in effect? Yes No _____

Does the businesses' promotional literature make any representations about safety or security of the premises? Yes No _____

Is premises owned or leased: Yes No _____

If leased who is responsible for premises maintenance? _____

Is there a signed lease? Yes No _____

Are any of the premises leased out? Yes No _____

If yes, are COI required Yes No _____

Is additional insured status required? Yes No _____

Is there a signed lease agreement on file? Yes No _____

Is there a pool on the premises? Yes No

If yes, is there a diving board? Yes No _____

Is it fenced? Yes No _____

Are regulations posted? Yes No _____

Is there a lifeguard on duty? Yes No _____

What is the depth? _____ Hours of operation: _____

Is there a restaurant on premises? Yes No _____

Is it owner operated or leased out? Yes No _____

Is it seasonal? Yes No _____

Hours and days of operation: _____

Type of restaurant: _____

Is there a dance floor? Yes No _____ Is liquor served? Yes No _____

If yes, fill out supplemental application

Type of cooking facilities: _____

Products/Completed Operations

Does applicant install, service or demonstrate products? Yes No

Research and development conducted or new products planned? Yes No

Products recalled, discontinued, changed? Yes No

Products under label of others? Yes No

Does any named insured sell to other named insureds? Yes No

Foreign products sold, distributed used as components? Yes No

Guarantees, warranties, hold harmless agreements? Yes No

Products of others sold or repackaged under applicant label? Yes No

Vendors coverage required? Yes No

Product manufactured? Yes No

Is Hired and Non Owned Coverage Desired? Yes No

If yes, does the applicant have auto insurance? Yes No

Does applicant allow any use of personal vehicles for his business? Yes No

Does this happen frequently? Yes No

What is applicants screening process of drivers, please explain: _____

Number of drivers _____ Any under age drivers? Yes No

Is Employee Benefits Coverage Desired? Yes No

If yes, number of employees: _____

Number covered by employee benefits plan: _____

If employees have option to enroll or reject employee benefits program does the applicant require a signed acceptance or rejection from each employee? Yes No

Gross Annual Receipts

Docking/Mooring: _____ Repairs (parts and labor): _____

Fueling: _____ Hauling/Launching: _____

Dry/Winter Storage: _____ Rack Storage: _____

Ship/Convenience Store: _____ *Restaurant (food and liquor): _____

*Liquor: _____ Lessor's Risk: _____

Campgrounds: _____ Hotel/Motel: _____

Subcontractors: _____ Other (include source): _____

*Complete Supplemental Application for Restaurant and Liquor

Annual Sales

Boat Sales: _____ Other Sales (including source): _____

Other

Pools: _____ Dwellings: _____

Section IV - Protection & Indemnity

Limit requested: _____ Deductible requested: _____

Boat Dealer P&I Coverage Yes No Moll P&I Coverage Yes No Workboat P&I Coverage Yes No How many? _____

Rental Boat P&I Coverage Yes No How many? _____ Crew P&I Coverage Yes No How many? _____

Other (explain): _____

Fully describe workboat/rental boat operations: _____

Crew Coverage

Is crew in the permanent employment of the applicant? Yes No

What are the duties of crew (describe)? _____

Section V - Owned Watercraft

Workboats

Description	Value	Premise

Deductible requested: _____ What is the primary use of the workboats? _____

Loss payee name and address: _____

Rental Boats

Description	Value	Premise

Deductible requested: _____

Is rental agreement signed? (attach copy Yes No What is the minimum age of renter? _____

What are your rental qualifications? _____

Type of rental operations: Daily Weekly Other (explain) _____

Section VI - Owned Equipment

Contractors Equipment/Tools

Description <small>(Include age & serial no.)</small>	Value	Deductible	Location

Experience of Operator's: _____

Electronic Data Processing

	Premises 1	Premises 2	Premises 3
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Hardware limit: _____

Media limit: _____

Extra expense limit: _____

Deductible requested: _____

In transit/any other premises limit: _____

Signs

Premises

Limit requested: _____

Deductible requested: _____

Description of signs: _____

Section VII - Marina Fixed and Floating Piers/Docks

Premises Location	Description of Piers/Docks	Year Built	Type of Construction	Fixed or Floating	Open or Covered	Limits of Insurance

Deductible requested: _____

Loss payee name and address: _____

Is there a breakwater? Yes No

Are floating docks removed for winter storage? Yes No

Are piers/docks equipped with fire extinguishers? Yes No

Do piers/docks have electrical connections? Yes No

Type of electrical connections: _____

Describe piers/docks maintenance program: _____

Business interruption desired? Yes No

Limit requested: _____ (Maximum limit \$500,000) Deductible requested: _____ (Minimum 30 days)

When is your peak season of operation? _____

Annual gross receipts? _____ % earned during peak season: _____

Do you currently have coverage for your business interruption? Yes No

Section VIII - Property Insurance

Property coverage is on a Cause of Loss Special Form

If blanket coverage is requested, complete a Statement of Values

Premises #: _____ **Building #:** _____

Building Limit: _____ Business Personal Property Limit: _____

Coinsurance: _____ Valuation: _____

Deductible: _____ Business interruption/extra expense limit: _____

Coinsurance: _____

Year built: _____ Construction: _____

Square footage: _____ Number of stories: _____

Building improvements:

Wiring year _____ Heating year _____ Roofing year _____ Plumbing year _____

Other occupancies: _____

Burglar alarm: (describe) _____

Sprinkler alarm: (describe) _____

Fire protection: _____

Mortgage name and address: _____

Loss payee name and address: _____

Premises #: _____ **Building #:** _____

Building Limit: _____ Business Personal Property Limit: _____

Coinsurance: _____ Valuation: _____

Deductible: _____ Business interruption/extra expense limit: _____

Coinsurance: _____

Year built: _____ Construction: _____

Square footage: _____ Number of stories: _____

Building improvements:

Wiring year _____ Heating year _____ Roofing year _____ Plumbing year _____

Other Occupancies: _____

Burglar alarm: (describe) _____

Sprinkler alarm: (describe) _____

Fire protection: _____

Mortgage name and address: _____

Loss payee name and address: _____

Premises #: _____ **Building #:** _____

Building Limit: _____ Business Personal Property Limit: _____

Coinsurance: _____ Valuation: _____

Deductible: _____ Business interruption/extra expense limit: _____

Coinsurance: _____

Year built: _____ Construction: _____

Square footage: _____ Number of stories: _____

Building improvements:

Wiring year _____ Heating year _____ Roofing year _____ Plumbing year _____

Other Occupancies: _____

Burglar alarm: (describe) _____

Sprinkler alarm: (describe) _____

Fire protection: _____

Mortgage name and address: _____

Loss payee name and address: _____

Additional Coverage Forms and Endorsements

Extra Plus Endorsement Yes No

Ordinance of Law Coverage Yes No

Premises # _____ Building _____

Limit A: _____ Limit B: _____ Limit C: _____

Same as building value

Spoilage coverage Yes No Limit: _____

Any person who knowingly and with intent to defraud any insurance company or other persons files an application of 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 and subjects the person to criminal and civil penalties.

Signing this application does not bind the applicant to purchase the insurance or the company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Applicant

Date